



CITY OF BIRMINGHAM

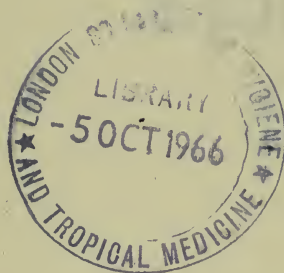
REPORT OF THE
MEDICAL OFFICER
OF HEALTH

FOR THE YEAR

1957



64198



CONTENTS

1. Members of the Health Committee
2. Functions of Sub-Committees of the Health Committee
3. Staff of the Public Health Department
4. Introduction by Medical Officer of Health
5. Birmingham—general—climatology
6. Vital Statistics
7. General Epidemiology
8. Laboratory Services
 - (a) Analytical Laboratory
 - (b) Public Health Laboratory Service
9. Tuberculosis
10. Personal Health Services
 - (a) Maternity and Child Welfare
 - (b) Health Visiting
 - (c) Home Nursing
 - (d) Domestic Help
 - (e) Prevention of Illness, Care and After-care
 - (f) Mental Health
 - (g) Ambulance Service
11. National Assistance Acts
 - (a) Compulsory removal
 - (b) Blindness
 - (c) Cerebral Palsy
 - (d) Epilepsy
12. Medical Care of Deprived Children
13. Staff Welfare
14. Cremation
15. Food and Drugs
16. Environmental Conditions
 - (a) Housing
 - (b) Sanitary Inspection
 - (c) Supervision of Industrial Premises

MEMBERS OF THE HEALTH COMMITTEE

Municipal Year, 1957-58

Chairman ALDERMAN G. CORBYN BARROW

(Chairman of Staff Sub-Committee and Staff Discipline Sub-Committee).

THE LORD MAYOR (ALDERMAN J. J. GROGAN, M.B.E., J.P.).

ALDERMAN W. T. BOWEN, J.P.

ALDERMAN MRS. N. HYDE, O.B.E., J.P.

(Chairman of Health Education Sub-Committee).

ALDERMAN MRS. A. LONGDEN, J.P.

(Chairman of Finance and General Purposes Sub-Committee).

COUNCILLOR J. M. BAILEY.

COUNCILLOR E. L. BENNETT.

COUNCILLOR MRS. A. BILLINGTON, J.P.

COUNCILLOR MRS. M. A. BROWN.

(Chairman of Maternity and Child Welfare Sub-Committee).

COUNCILLOR MRS. F. M. COCKS.

COUNCILLOR MRS. J. COLE.

COUNCILLOR MRS. M. A. M. COOKE.

COUNCILLOR H. FINCH.

COUNCILLOR F. F. GRIFFIN.

COUNCILLOR F. G. WILLIAMS, J.P.

COUNCILLOR MRS. F. E. HAMMOND.

COUNCILLOR W. A. N. JONES.

COUNCILLOR W. J. LYGO.

COUNCILLOR MRS. H. L. RADFORD.

(Chairman of Mental Health Sub-Committee).

COUNCILLOR W. F. SMITH.

(Chairman of Tuberculosis (Domiciliary and After-care) Sub-Committee).

COUNCILLOR J. T. WEBSTER.

COUNCILLOR N. WHITEHOUSE.

COUNCILLOR MRS. A. F. WOOD, C.B.E., J.P.

SUB-COMMITTEES OF THE HEALTH COMMITTEE

Finance and General Purposes Sub-Committee

Chairman—ALDERMAN MRS. A. LONGDEN.

ALDERMEN G. CORBYN BARROW, W. T. BOWEN, MRS. N. HYDE.

COUNCILLORS J. M. BAILEY, E. L. BENNETT, MRS. M. A. BROWN, MRS. J. COLE, MRS. F. M. COCKS, MRS. M. A. M. COOKE, F. F. GRIFFIN, MRS. F. E. HAMMOND, MRS. H. L. RADFORD, W. F. SMITH, J. T. WEBSTER, MRS. A. F. WOOD.

RESPONSIBILITIES :

Public Health Acts ; Clean Air Act ; Prevention of Damage by Pests Act ; Milk and Dairies legislation ; Food and Drugs Acts ; Housing Acts (part) ; National Health Service Act (Section 21, Health Centres ; Section 26, Vaccination and Immunisation ; Section 27, Ambulance Service ; Section 28, Prevention of Illness, Care and After-Care) ; Rag Flock and other Filling Materials Act ; Rent Act ; Heating Appliances (Fireguards) Act and other miscellaneous enactments not within the scope of personal services.

Maternity and Child Welfare Sub-Committee

Chairman—COUNCILLOR MRS. M. A. BROWN.

ALDERMEN G. CORBYN BARROW, MRS. N. HYDE.

COUNCILLORS MRS. F. M. COCKS, MRS. J. COLE, MRS. M. A. M. COOKE, H. FINCH, F. F. GRIFFIN, F. GWILLIAMS, MRS. F. E. HAMMOND, W. A. N. JONES, W. J. LYGO, MRS. H. L. RADFORD, W. F. SMITH, N. WHITEHOUSE.

RESPONSIBILITIES :

The Public Health Act in so far as it relates to the inspection of Nursing Homes ; The National Health Service Act [Section 22, Care of Mothers and Young Children ; Section 23, Midwifery ; Section 24, Health Visiting ; Section 25, Home Nursing ; Section 28, Prevention of Illness, Care and After-Care (Care of the Aged) ; Section 29, Domestic Help] and all matters relating to Maternity and Child Welfare contained in other enactments.

Mental Health Sub-Committee

Chairman—COUNCILLOR MRS. H. L. RADFORD.

ALDERMEN G. CORBYN BARROW, W. T. BOWEN.

COUNCILLORS J. M. BAILEY, E. L. BENNETT, MRS. A. BILLINGTON, MRS. J. COLE, MRS. M. A. M. COOKE, MRS. F. E. HAMMOND, W. A. N. JONES, W. J. LYGO, N. WHITEHOUSE, MRS. A. F. WOOD.

RESPONSIBILITIES :

The National Health Service Act, Section 28 (Prevention of Illness, Care and After-Care related to Mental Health) and Section 51.

The above Committees meet monthly.

**Health Education Sub-Committee*

Chairman—ALDERMAN MRS. N. HYDE.

ALDERMAN G. CORBYN BARROW.

COUNCILLORS J. M. BAILEY, E. L. BENNETT, MRS. A. BILLINGTON, MRS. M. A. BROWN, MRS. F. M. COCKS, H. FINCH, F. GWILLIAMS, MRS. H. L. RADFORD, W. F. SMITH, N. WHITEHOUSE, MRS. A. F. WOOD.

RESPONSIBILITIES :

The National Health Service Act, Section 28 (Prevention of Illness, Care and After-Care, as related to Health Education).

**Tuberculosis (Domiciliary and After-Care) Sub-Committee*

Chairman—COUNCILLOR W. F. SMITH.

ALDERMEN G. CORBYN BARROW, MRS. A. LONGDEN.

COUNCILLORS MRS. A. BILLINGTON, MRS. M. A. M. COOKE, H. FINCH, F. F. GRIFFIN, MRS. H. L. RADFORD, J. T. WEBSTER, N. WHITEHOUSE, MRS. A. F. WOOD.

RESPONSIBILITIES :

The Public Health Act so far as it relates to Tuberculosis control ; The National Health Service Act, Section 28 (Prevention of Illness, Care and After-Care, as related to Tuberculosis).

**Staff Sub-Committee*

Chairman—ALDERMAN G. CORBYN BARROW.

ALDERMAN MRS. A. LONGDEN.

COUNCILLORS MRS. M. A. BROWN, W. F. SMITH.

**Staff Discipline Sub-Committee*

Chairman—ALDERMAN G. CORBYN BARROW.

ALDERMEN MRS. N. HYDE, MRS. A. LONGDEN.

COUNCILLORS MRS. M. A. BROWN, MRS. H. L. RADFORD, W. F. SMITH.

*These Committees meet at the call of the Chairmen.

OTHER COMMITTEES OF THE CITY COUNCIL CONCERNED WITH MATTERS OF PUBLIC HEALTH AND THE SOCIAL SERVICES

Baths Committee (provision of bathing establishments).

Children's Committee (care of deprived children and adoption).

Finance Committee and also the General Purposes Committee (financial provisions of the various enactments).

Fire Brigade Committee (Ambulance Service on an agency basis).

House Building Committee (erection of houses).

Housing Management Committee (slum clearance and management of municipal houses).

Markets and Fairs Committee (regulation, control and management of markets and fairs and also the supervision of food factories and food shops other than premises where food is prepared for consumption on the premises).

Public Works Committee (*inter alia* in charge of all works in connection with public drains and sewers, paving surfacing and maintenance of streets and roads, the lighting and cleansing of highways, etc.).

Salvage Committee (refuse disposal).

Water Committee (provision of the City's water supply).

Welfare Committee (provision of services under the National Assistance Act^s 1948 and 1951).

CONTRIBUTORS TO THE REPORT

Pages

Birmingham—Climatology.

By MR. A. L. KELLEY,

Observer, Meteorological Observatory, Edgbaston 29

Vital Statistics.

By DR. E. L. M. MILLAR 32

General Epidemiology.

By DR. E. L. M. MILLAR 48

Laboratory Services :—

(a) Analytical Laboratory

By MR. H. H. BAGNALL 71

(b) Public Health Laboratory Service

By DR. B. R. SANDIFORD,

Director, Public Health Laboratory, Birmingham 80

Tuberculosis.

(a) Epidemiology and After-Care by DR. V. H. SPRINGETT 82

(b) B.C.G. Vaccination, by DR. E. L. M. MILLAR 90

Personal Health Services :—

General Comments 94

Maternity and Child Welfare

Health Visiting

Home Nursing

Domestic Help

By DR. JEAN M. MACKINTOSH

96

Vaccination and Immunisation (*see* General Epidemiology).

Prevention of Illness, Care and After-Care.

By Various Authors 165

Mental Health.

By DR. W. NICOL 182

Ambulance Service.

By MR. A. W. PARAMOR.

Chief Officer, Fire and Ambulance Service 202

National Assistance Acts.

By Various Authors 213

Medical Care of Deprived Children.		<i>Pages</i>
By DR. J. M. MACKINTOSH		222
Staff Welfare		
Cremation		
By DR. E. L. M. MILLAR		233
Food and Drugs.		
By DR. W. R. MARTINE.		} 235
MR. E. N. WAKELIN		
MR. C. G. ALLEN, Chief Veterinary Officer		
Environmental Conditions :—		
Housing		
By MR. D. J. E. LAMB		256
Public Health Inspection		
By MR. E. N. WAKELIN		274
Supervision of Industrial Premises.		
By MR. E. N. WAKELIN and		
MR. G. W. FARQUHARSON		314

STAFF OF THE PUBLIC HEALTH DEPARTMENT AS AT 31st DECEMBER, 1957

Medical Officer of Health :

MATTHEW BURN, M.C., M.M., F.R.C.P. (Edin.), D.P.H., D.T.M. & H.

Deputy Medical Officer of Health :

E. L. M. MILLAR, M.Sc., M.D., Ch.B., D.P.H.

Secretary-Accountant :

C. C. BATEMAN, A.C.A., F.C.C.S.

Administrative Medical Officer of Health for Maternity and Child Welfare :

JEAN M. MACKINTOSH, C.B.E., M.D., Ch.B., D.P.H., D.P.A.

Administrative Medical Officer of Health for General Purposes :

W. R. MARTINE, O.B.E., T.D., M.D., Ch.B., D.P.H.

Administrative Medical Officer of Health for Mental Health :

W. NICOL, M.B., Ch.B., D.P.H.

Assistant Administrative Medical Officer of Health for Diphtheria Immunisation :

VERA FELLOWES, M.B., Ch.B.

Assistant Administrative Medical Officer of Health for General Purposes :

J. F. McCOURT, M.B., B.Ch., B.A.O., L.M., D.P.H.

Medical Officer for B.C.G. Vaccination :

W. L. GORDON, B.M., B.Ch.

Medical Officer for Staff Welfare :

J. J. LANDON, M.A., M.B., B.Chir. (Camb.), M.R.C.S. (Eng.), L.R.C.P. (Lond.)

Chief Public Health Inspector :

E. N. WAKELIN, F.R.S.H., M.A.P.H.I.

Chief Housing Inspector :

D. J. E. LAMB, M.C., T.D., F.A.P.H.I.

Chief Smoke Inspector :

G. W. FARQUHARSON, M.A.P.H.I.

City Analyst :

H. H. BAGNALL, B.Sc., F.R.I.C.

SECRETARIAL AND ACCOUNTANCY

Secretary-Accountant :

C. C. BATEMAN, A.C.A., F.C.C.S.

Assistant-Secretary :

E. S. EYRE.

Administrative Assistant :

W. G. DEELEY.

Deputy Accountant :

L. H. FERRER.

Assistant Accountant :

L. C. PRYNN, A.C.A.

Staff Officer :

L. G. TREVITT.

Statistics Clerk :

W. F. B. PRICE,

Steward :

L. H. LEA.

Steward for Home Nursing :

S. L. GILLMAN.

Assessment Officer :

H. B. COLEMAN.

General :

Clerical Staff	91
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Miscellaneous Staff :

Bacchus Road Garage—

Chauffeurs, Drivers, and Mechanics	11
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Bacchus Road Laundry—

Laundry Assistants	38
--------------------	-------	-------	-------	-------	-------	-------	-------	----

Engineering Staff	3
-------------------	-------	-------	-------	-------	-------	-------	-------	---

Central Stores—

Storekeeper	1
-------------	-------	-------	-------	-------	-------	-------	-------	---

Stores Assistants	6
-------------------	-------	-------	-------	-------	-------	-------	-------	---

Caretakers

.....	2
-------	-------	-------	-------	-------	-------	-------	-------	---

Cleaners (full and part-time)

.....	23
-------	-------	-------	-------	-------	-------	-------	-------	----

Porters

.....	2
-------	-------	-------	-------	-------	-------	-------	-------	---

Night Watchmen

.....	2
-------	-------	-------	-------	-------	-------	-------	-------	---

MATERNITY AND CHILD WELFARE

Administrative Medical Officer of Health for Maternity and Child Welfare :

JEAN M. MACKINTOSH, C.B.E., M.D., Ch.B., D.P.H., D.P.A.

Deputy to Administrative Medical Officer of Health for Maternity and Child Welfare :

B. HATHERLEY, M.B., Ch.B., M.M.S.A.

Medical Superintendent for Nurseries and Deprived Children :

M. C. O'BRIEN, M.B., Ch.B., D.P.H., M.M.S.A.

Assistant Administrative Medical Officers for Maternity and Child Welfare :

E. M. SEFTON, M.R.C.S., L.R.C.P., D.C.H., L.M., D.P.H.

D. A. CRAIGMILE, M.D., B.S., D.Obst.R.C.O.G., C.P.H. (Resigned 13/9/57)

H. W. S. FRANCIS, M.A., M.B., B.Chir. (Camb.), D.P.H. (Appointed 23/11/57)

Assistant Medical Officers for Maternity and Child Welfare :

E. BADENOC, M.D., Ch.B.

B. G. BAILEY, M.B., Ch.B., D.Obst.R.C.O.G.

M. C. MACKIE, M.B.E., M.B., Ch.B., D.Obst.R.C.O.G.

M. McINTOSH, M.B., B.Ch., B.A.O.

M. I. McKINLAY, M.B., Ch.B., D.P.H.

J. E. PRESTON, M.B., Ch.B.

M. AULD, M.B., Ch.B., D.P.H.

M. F. THORNTON, M.B., B.Ch., B.A.O., D.P.H.

B. HUMPHRIES, M.B., Ch.B., D.Obst. R.C.O.G.

E. F. P. EMBLEM, M.R.C.S., L.R.C.P., M.B., B.S.

M. D. E. ALDOUS, M.B., Ch.B., M.R.C.S., L.R.C.P., D.Obst.R.C.O.G.

C. PRESTOE, M.B., Ch.B., M.R.C.S., L.R.C.P.

U. R. WICKENS, M.B., Ch.B., D.Obst. R.C.O.G., L.M.

M. M. COUGHLAN-JONES, M.B., B.Ch., B.A.O., L.M., D.Obst.R.C.O.G.

M. GRANT, L.R.C.P., L.R.C.S., D.Obst.R.C.O.G., D.P.H.

D. F. MAHON, M.B., B.Ch., B.A.O., D.P.H., B.Sc. (Public Health), L.M.

Senior Dental Officer :

MR. F. J. HASTILOW, L.D.S.

Assistant Dental Officers :

MR. D. J. F. STAMMERS, L.D.S., R.C.S.

MR. D. W. PRICE, L.D.S. (Part-time).

MR. C. E. TEALL, L.D.S. (Part-time).

MR. J. C. CROSSLEY, L.D.S. (Part-time).

MR. S. E. WIGLEY, L.D.S. (Part-time).

MR. M. FIELD, L.D.S. (Part-time).

MR. M. R. L. THORNTON, B.D.S. (Part-time).

MRS. G. E. M. TEALL, L.D.S. (Part time).

MR. A. N. GROSART, L.D.S., R.C.S. (Part time).

MR. W. N. NOBLE, L.D.S., R.C.S. (Part-time).

MR. G. K. L. DRAYCOTT, L.D.S., B.D.S., R.C.S. (Part-time).

MISS M. E. CORBETT, L.D.S., B.D.S., R.C.S. (Part-time).

MR. D. A. STOKES, L.D.S., B.D.S., R.C.S. (Part-time).

MR. D. C. CROCKER, L.D.S., R.C.S. (Part-time).

Dental Hygienists	.....	.....	.....	.....	.....	.....	.....	.....	1
Dental Nurses	.....	.....	.....	.....	.....	.....	.....	.....	2
„ „ (Part-time)	.....	.....	.....	.....	.....	.....	.....	.....	5

Health Visitors :

Superintendent of Health Visitors :

MISS I. H. SINNETT, S.R.N., S.C.M., H.V.Cert., D.N. (Lond.).

Deputy Superintendent of Health Visitors :

MISS M. G. MILNER, S.R.N., S.C.M., H.V.Cert.

Health Visitor Tutor :

MISS L. M. WOOD, S.R.N., S.C.M., H.V.Cert., H.V. Tutor's Cert.

Assistant Health Visitor Tutor	1
Superintendents of Infant Welfare Centres	49
Senior Health Visitors	4
Health Visitors	52
Health Visitors (Part-time)	10
Pupil Health Visitors	11
Clinic Nurses (Part-time)	12
Physiotherapists (Part-time)	2
Chiropodist (Part-time)	1
Nurses—Care of the Aged (Part-time)	3

Midwives :

Supervisors of Midwives :

MRS. W. A. MASTERS, S.R.N., S.C.M., S.R.F.N.

MISS B. COOPER, S.R.N., S.C.M., H.V.Cert.

MISS M. E. COX, S.R.N., S.C.M., M.T.D.

Municipal Midwives	101
Maternity Nurses	14

Health Education :

Organisers :

G. G. TAYLOR.

MRS. M. POTTER, S.R.N., S.C.M., H.V.Cert.

Assistant Lecturers for Health Education	2
Artists	2

Day Nurseries :

Supervisor of Day Nurseries :

MISS D. E. MALLEY, M.B.E., S.R.N., S.C.M., H.V.Cert.

Assistant Supervisor of Day Nurseries	1
--	---

Day and 24-hour Nurseries' Staff :

Matrons	22
Deputy Matrons	20
Superintendent of Wardens	1
Wardens	21
Staff Nursery Nurses	91
State Enrolled Assistant Nurses	1
Nursery Assistants	40
Student Nursery Nurses	98

Home Nursing Service :

Chief Nursing Superintendent :

MISS I. H. MORRIS, S.R.N., S.C.M., H.V.Cert., Queen's Nurse

Superintendents of District Nurses' Homes	12
Nursing Staff	147

Nursing Staff, (Part-time)	32
Student District Nurses	9

Domestic Help :

Organiser :

MISS J. M. PEARSON, S.R.N., S.C.M., H.V.Cert.

Assistant Organiser	1
District Organisers—Domestic Help Service	8
Domestic Helps	62
Domestic Helps (Part-time)	815

John Foster Vince Memorial Home (Mother and Baby Home) :

Matron :

MISS D. M. NATHAN, S.R.N.

Other Nursing Staff	2
Domestic Staff	3

Clerical Staff	27
Clerical Staff (Part-time)	4

Miscellaneous Staff :

Clinic and Distribution Clerks (Welfare Foods), (Part-time)	82
Distribution Clerks (Whole-time)	9
Care of the Aged—Night Watchers	27
Home Nursing Domestic Staff (Full and part-time)	36
Home Nursing Attendants	16
Caretakers	51
Curator	1
Cleaners (Full and part-time)	86
Cooks, Cook-housekeepers and Assistants	25
Gardeners (Full and part-time)	7
Porters	1
Seamstresses	3
Storekeepers	1
Van drivers	7

DIPHTHERIA IMMUNISATION

Assistant Administrative Medical Officer of Health for Diphtheria Immunisation :

VERA FELLOWES, M.B., Ch.B.

Nursing Staff	1
Nursing Staff (Part-time)	5
Clerical Staff	7

POLIOMYELITIS IMMUNISATION

Nursing Staff (Part-time)	3
Clerical Staff	10

MENTAL HEALTH

Administrative Medical Officer of Health for Mental Health :

W. NICOL, M.B., Ch.B., D.P.H.

MENTAL DEFICIENCY.

Chief Inspector :

T. H. MIDDLETON.

Senior Inspector and Petitioning Officer:

F. R. C. BATEMAN.

Inspector (Male)	1
Inspectors (Female)	2
Clerical Staff	5

PSYCHIATRIC SOCIAL SERVICE.

Senior Psychiatric Social Worker :

T. G. RANKIN, B.A. Hons. (Oxon.), B.A. Hons. (Lond.), (Psychology)
Mental Health Cert.

Psychiatric Social Worker (Parent Guidance Clinic)	1
Social Workers	8
Clerical Staff	3

LUNACY AND MENTAL TREATMENT.

Chief Authorised Officer :

J. W. GREEN.

Deputy Chief Authorised Officer :

W. J. ROSE

Duly Authorised Officers	6
Clerical Staff	2

TUBERCULOSIS.

(*Prevention and After Care*).

Medical Director (Part-time) :

V. H. SPRINGETT, M.D., M.R.C.P.

Medical Officers (Pari-time) :

H. J. T. ROSS, M.R.C.P. (Edin.).

J. MORRISON-SMITH, M.B., Ch.B., M.R.C.P. (Edin.), D.P.H., D.T.M. & H.

H. E. THOMAS, M.D., M.R.C.P.

G. R. W. N. LUNTZ, M.R.C.P. (Lond.)

M. HEMMING, M.B., B.Chir., M.R.C.S., L.R.C.P. (Lond.).

D. C. WADDY, M.B., Ch.B.

Tuberculosis Visitors	16
Domiciliary Diversional Therapists	2
Clerical Staff	9

B.C.G. Clinic

W. L. GORDON, B.M., B.Ch.

Nursing Staff	1
Clerical Staff	6

STAFF WELFARE SURGERIES.

Medical Officer for Staff Welfare :

J. J. LANDON, M.A., M.B., B.Chir. (Camb.), M.R.C.S. (Eng.), L.R.C.P.(Lond.).

Nursing Staff	.....	.....	.....	.....	.....	.....	.....	.....	1
„ „ (Part-time)	.....	.....	.....	.....	.....	.....	.....	.....	2

PUBLIC HEALTH INSPECTORS

Chief Public Health Inspector :

E. N. WAKELIN, F.R.S.H., M.A.P.H.I.

Deputy Chief Public Health Inspector :

F. C. SCHONBECK, M.R.S.H., M.A.P.H.I.

Divisional Public Health Inspectors	.....	.....	.....	.....	.....	.....	.....	.....	2
Enforcement Officer	.....	.....	.....	.....	.....	.....	.....	.....	1
District Public Health Inspectors	.....	.....	.....	.....	.....	.....	.....	.....	10
Assistant District Public Health Inspectors	.....	.....	.....	.....	.....	.....	.....	.....	17
Public Health Inspectors	.....	.....	.....	.....	.....	.....	.....	.....	15
Pupil Public Health Inspectors	.....	.....	.....	.....	.....	.....	.....	.....	36
Milk and Dairies Inspectors	.....	.....	.....	.....	.....	.....	.....	.....	5
Milk Samplers	.....	.....	.....	.....	.....	.....	.....	.....	2
Rodent Officers	.....	.....	.....	.....	.....	.....	.....	.....	3
Water and Canal Boats Inspector	.....	.....	.....	.....	.....	.....	.....	.....	1
Shops Act Inspectors	.....	.....	.....	.....	.....	.....	.....	.....	4
Food and Drugs Sampling Officers	.....	.....	.....	.....	.....	.....	.....	.....	5
Clerical Staff	.....	.....	.....	.....	.....	.....	.....	.....	21

Miscellaneous Staff :

Disinfecting Staff	.....	.....	.....	.....	.....	.....	.....	.....	10
Rodent Control Staff	.....	.....	.....	.....	.....	.....	.....	.....	30
Bath Attendants	.....	.....	.....	.....	.....	.....	.....	.....	2
„ „ (Part-time)	.....	.....	.....	.....	.....	.....	.....	.....	2
Summer Lane Mortuary—Caretakers	.....	.....	.....	.....	.....	.....	.....	.....	1

Inspection of Cowsheds and Dairies, and of Meat and other Foods is carried out by the Veterinary and Food Inspection Department on behalf of the Health Committee.

Chief Veterinary Officer :

C. G. ALLEN, M.R.C.V.S., D.V.S.M., F.R.S.H.

HOUSING INSPECTORS

Chief Housing Inspector :

D. J. E. LAMB, M.C., T.D., F.A.P.H.I.

Deputy Chief Housing Inspector :

L. V. AMBLER, M.A.P.H.I.

Divisional Housing Inspectors	.....	.....	.....	.....	.....	.....	.....	.....	2
District Housing Inspectors	.....	.....	.....	.....	.....	.....	.....	.....	5
Assistant District Housing Inspectors	.....	.....	.....	.....	.....	.....	.....	.....	6
Housing Inspectors	.....	.....	.....	.....	.....	.....	.....	.....	1
Housing Assistants	.....	.....	.....	.....	.....	.....	.....	.....	1
Clerical Staff	.....	.....	.....	.....	.....	.....	.....	.....	20

SMOKE INSPECTORS

Chief Smoke Inspector :

G. W. FARQUHARSON, M.A.P.H.I.

Deputy Chief Smoke Inspector :

S. C. BEAUMONT, M.A.P.H.I.

Smoke Inspectors.....	.....	.....	.....	.....	.....	.....	.....	.....	7
Clerical Staff	.....	.....	.....	.....	.....	.....	.....	.....	4

ANALYTICAL LABORATORY.

City Analyst :

H. H. BAGNALL, B.Sc., F.R.I.C.

Deputy City Analyst :

A. H. COOMBES, B.Sc., F.R.I.C.

Research Chemist	.....	.....	.....	.....	.....	.....	.....	.....	1
Assistant Analysts	.....	.....	.....	.....	.....	.....	.....	.....	5
Laboratory Assistants	.....	.....	.....	.....	.....	.....	.....	.....	5
Clerical Staff	.....	.....	.....	.....	.....	.....	.....	.....	2

WORKS DEPARTMENT.

Manager :

C. K. SMITH.

Assistant Manager	.....	.....	.....	.....	.....	.....	.....	.....	1
Administrative Assistant	.....	.....	.....	.....	.....	.....	.....	.....	1
Clerk of Works	.....	.....	.....	.....	.....	.....	.....	.....	1
General Foreman	.....	.....	.....	.....	.....	.....	.....	.....	1
Clerical Staff	.....	.....	.....	.....	.....	.....	.....	.....	6
Tradesmen	.....	.....	.....	.....	.....	.....	.....	.....	36

PUBLIC HEALTH DEPARTMENT,
THE COUNCIL HOUSE,
BIRMINGHAM, 3

September, 1958.

To the Chairman and Members

Health Committee.

It is with pleasure that I present to you my Report on the Health of the City for the year 1957.

The constantly increasing demand on the personal health services of the Department and I gather to a similar degree those other services provided under the National Health Service Act—the hospital and general medical services—reveals more than ever the interdependence of these services. This applies equally to the closely allied departments of the Corporation namely the Children's and Welfare Departments with this Department. Of necessity interdependence requires the utmost diligence in administration so that the maximum benefit accrues to all those who find the need to rely upon these services, whether it be for treatment in hospital or home or for domiciliary care in the maintenance of family life during periods of stress and strain created either by illness or environment. It is vitally necessary today more than ever that authorities and staffs should have adequate knowledge not only of the activities of the interdependent services but of the problems and difficulties with which these services are confronted, for in this field of activity it is rare to find two cases alike.

In the light of what I have said above it is at this point, rather than at the end of this introduction, that I desire to express my appreciation initially to the Health Committee for their understanding throughout the year and to my colleagues and their staffs of the Regional Hospital Board, the Executive Council and the Local Medical Committee and to the other Corporation Departments so closely concerned with our work for the help, understanding and assistance received throughout the year and at the same time to record my thanks to the national bodies and voluntary organisations with whom we come into almost daily contact, and have thereby established an amicable and fruitful understanding. To the staff of the Department I would again say "thank you" for the way in which they have so readily undertaken their duties in a spirit of co-operation at all times.

I desire this year to emphasise the vast amount of work which is performed by the Public Health Department in the matter of preventive medicine which has been and still is one of the prime functions of this Department. It is an essential feature of the work of the local health authority and should be performed with the same diligence and endeavour as that which is placed on the now familiar personal health service—still preventive. The importance of this aspect of the preventive medical services is more readily revealed in a densely populated city. In the paragraphs which immediately follow I have dealt, therefore, in greater detail than on previous occasions with the subject of general epidemiology.

GENERAL EPIDEMIOLOGY

There has continued throughout the year considerable collaboration with general practitioners and hospitals. Especially I would mention the almost daily help received from Dr. F. L. Ker, Physician Superintendent of Little Bromwich General Hospital where nearly all Birmingham patients requiring hospital attention, under this heading, are admitted. This very active collaboration from all sides ensures, not only adequate attention for the patients and their families, but the accuracy of the records of this Department.

In 1957 there were 43 notifications of DIPHTHERIA but only in one case was notification confirmed.

The Ministry of Health, in July of the year, urged local authorities to offer vaccination against WHOOPING COUGH as part of arrangements under Section 26 of the National Health Service Act and the use of a combined Diphtheria/Pertussis prophylactic was commenced in August. The scheme for the protection against DIPHTHERIA alone continued as in the past except that formol toxoid replaced alum precipitated toxoid. This change followed the findings of the Medical Research Council on the relationship between the use of prophylactic containing alum and poliomyelitis. By the end of the year, 17,398 children had completed their primary course of immunisation with either the diphtheria prophylactic alone or the combined diphtheria/pertussis preparation. Despite the substantial increase on the corresponding figures for previous years, the discrepancy between the yearly number of births and the children recorded as immunised still continued. For example, of the 18,478 children born alive in 1956, 1,330 had completed their primary diphtheria immunisation by the end of that year. In 1957 a further 9,372 completed the primary course but by the end of 1957, when all these children were between one and two years old, there were still 7,776 whose primary immunisation was not recorded as completed and this in spite of all the publicity and advice which was given on the necessity for immunisation and of the benefits to be derived from it.

Confirmed cases of DYSENTERY in 1957 were considerably lower than in 1956, 584 as against 1,258 in 1956. The figure still remains high. In the City this illness was most prevalent in the first quarter ; this was an experience reflected in the country as a whole. The age group five to nine years was mostly affected.

INFECTIVE ENCEPHALITIS, was confirmed in 15 patients, 12 of whom died.

There was a marked decline in the number of cases of FOOD POISONING notified or ascertained during 1957. This is a continuance of the decline which occurred in 1956. In 1955 there were 679 cases, in 1956, 354 and in this year 237. Unusually the first quarter of the year showed the heaviest incidence in which there were 70 cases occurring singly and without bacterial cause being found. There were 10 outbreaks due to identified agents involving 63 cases.

In September of the year many doctors in various parts of the City reported that there appeared to be quite a large number of their patients suffering from INFLUENZA-LIKE symptoms. The incidence among schoolchildren particularly was high ; at one time 49,352 children were away from primary and secondary modern schools, a percentage of 31.4. The normal absentee rate for this time of the year would be approximately 10%. Earlier in August there had been an outbreak of influenza-like illness at a mental hospital. Over a period of fifteen days, 154 cases developed out of a total of 820 patients. This outbreak was interesting in that the hospital had a subsidiary institution some ten miles away where there were 273 patients, 60 of whom were affected with the illness at about the same time. The spread from the main institution to the other was via three patients from the main institution who, a very few hours before their own illness commenced, were taking deliveries in the stores van and mixed intimately with other patients in the annexe whose illness began seventy-two hours later. Some of the patients were acutely ill but there were only two cases of pneumonia, both in the subsidiary institution. The Ministry of Health, in September, offered the supply of vaccine designed to give protection against the Asian type of influenza to certain groups of doctors, nurses and others especially exposed to infection. First supplies of the vaccine were received early in October and by the end of the year a total of 640 persons had been vaccinated with two injections.

The bi-annual periodicity of MEASLES epidemics continued in 1957 in which there were 18,139 cases notified. In the week ending the 27th April there were 1,239 cases.

MENINGOCOCCAL INFECTION accounted for 201 notifications. In only 22 cases was the diagnosis confirmed.

Six cases of PARATYPHOID FEVER arose in the City, there were no deaths.

There was a rise in PNEUMONIA notifications, 784 for this year as compared with 632 during 1956. The number of cases, however, was smaller than that recorded in 1953, 1954 and 1955.

POLIOMYELITIS. There were 112 notifications, but only 35 cases were confirmed; 25 were paralytic and 10 non-paralytic. There was one death, a male aged 24 with paralytic poliomyelitis.

VACCINATION against POLIOMYELITIS continued throughout the year. It will be remembered that at the end of 1956, owing to very restricted supplies of vaccine, there were still some 38,000 unvaccinated children born between 1947 and 1954 inclusive whose parents had requested vaccination against poliomyelitis in 1956. This was the age group being dealt with during practically the whole of 1957 for it was only in May that the Ministry intimated that vaccination could be offered to an additional age group, i.e. those born in 1955 and 1956 and it was not until November that the Ministry extended the scheme to children born in the additional age groups 1943—46 inclusive, and to children born in 1957 who had reached six months of age, and to expectant mothers. Canadian and American Salk vaccine which had passed the stringent British tests would be imported to enable the extended programme to be carried out. This latter extension of the scheme made it necessary to put into operation extensive administrative arrangements to deal with the total 260,000 eligible persons and the assistance of general practitioners was especially sought in this respect, the advantage of being vaccinated by the family doctor was suitably publicised. 34,446 children in the age group 1947—'56, both years inclusive, were completely immunised with two injections during 1957. These immunisations were carried out mainly at schools and infant welfare centres throughout the City. 31,710 of the children involved were of school age.

There was no cases of SMALLPOX but surveillance was required over a period of twenty-one days for two persons. One was a man who travelled by plane with a passenger who later developed smallpox, the other was a serviceman who had arrived from an area of smallpox risk.

One case of TYPHOID fever occurred.

New cases of VENEREAL disease showed an increase especially of gonorrhoea—1,138 cases as against the average of 606 cases during the previous five years. Syphilis showed a slight increase in the number of cases—192 as against an average number of 181 cases during the previous five years.

Whooping cough accounted for a smaller number of patients during 1957, 2,191 as against 4,563 for the previous year.

Under the International Sanitary Regulations, persons travelling to various countries of the world have to provide themselves with international certificates of vaccination which must be countersigned, checked and stamped in the Department. There has been a gradual yearly increase in this work, for in 1952 there were only 1,419 certificates presented for countersigning. By 1954 this had increased to 3,089, in 1956 to 4,113 but in 1957 there was a rapid rise to 7,587.

PERSONAL HEALTH SERVICES

We have witnessed in the last decade the formation of quite extensive legislation aimed at assisting those in need and in sickness. It has reflected a general desire of the community to help those who are less fortunate, and it has been the product largely of an older generation whose parents themselves were involved in the awakening of the social conscience of our country. It seems, therefore, a fitting end to this decade of social reform that the report and findings of the Royal Commission on the Law relating to Mental Illness and Mental Deficiency should be published. In the report a complete break with the past is recommended and mental illness as such is placed in proper perspective with other illnesses and once and for all time, one hopes, taken out of that abyss of prejudice, ignorance and despair in which it has so long remained.

The report recommends that local health authorities should take on greater responsibilities in community care and, as will be noted in the pages of my Report on Mental Health, suggests a general movement away from hospital towards community care. This does not, I feel, imply the replacement of hospital treatment by something else, but rather the avoidance of unnecessarily extensive periods in hospital, and puts the home and hospital in a similar relationship as exists in other illnesses. Amongst other things this should contribute towards the prevention of overcrowding in the hospitals and therefore make treatment more readily available and more intensive.

In this field as in many others to which reference has already been made, I have been particularly pleased with our co-operation with hospitals, and the joint efforts which have led us to quite spectacular success related mainly to the reintegration of chronic patients into the community and it appears possible that we could make a still greater contribution in our work with the hospitals in connection with mental health generally.

The provision of community care in its broader sense working in close co-operation with the hospitals as mentioned above, the prevention of

the break-up of family life, and the care of the mentally handicapped and the mentally inadequate, requires understanding of mental illness, personality development and human understanding by the workers of this Department. It is obviously not possible to have a vast team of workers trained to meet such high demands at the present time, it is, however, possible to have a nucleus of workers and the assistance of consultants in hospitals, to arrange in-service training aimed at making many more of our workers adequately fitted to carry out these tasks. Most useful contributions in this respect are made by joint meetings of health visitors and psychiatric social workers and the opportunities given to many mental health workers to attend clinical conferences at hospitals. In similar degree the Local Health Authority is able to make its contribution by giving training facilities to students attending the University in the Department of Social Science.

The nomenclature attached to those who are mentally backward has always been described in terms that imply a poverty of medical understanding and a therapeutic despair. Again one welcomes the Royal Commission's views but hopes that their suggestions are only ideas that have to be enlarged, more especially as out of the despair of the past has come hope. The knowledge that bio-chemical disfunction plays a part in the production of some such illnesses has made special therapeutic measures a distinct possibility for the future. The primary causes are still obscure but there is at long last a glimmer of hope. I attach considerable importance, therefore, to the attempts of early diagnosis carried out at special clinics at the Welfare Centres in the City, and value most highly the co-operation we receive from the consultants of the Bio-Chemical Unit of the Children's Hospital in this particular aspect of our work.

The report of the Royal Commission, I feel sure, heralds a brighter future for the mentally ill, and if the recommendations are implemented places an opportunity in front of the Local Health Authority to play a major part in it.

As mentioned elsewhere, the birth rate continued to rise and, in fact, it is the highest recorded since 1949. This did not appear to indicate any increase in the size of families, but rather that a higher proportion of first babies were being born (57.9%) to women who were under twenty-five years of age. Of these mothers, 72.4% were gainfully employed during pregnancy as compared with 67.2% in 1952. It should be noted in the statistics relating to Maternity and Child Welfare (page 97) that although we still seem unable to make much impression on the still-birth rate and the death rate of infants under seven days of age, i.e. the perinatal death rate, after the sixth day the chances of survival of the child have steadily improved from year to year and once again we have reached a new low record. We appear to have reached the hard core

of the perinatal death rate, and any future improvement will be largely dependent on the progress made by research into the causes of congenital malformations and prematurity. In dealing with this particular aspect of the Maternity and Child Welfare Services, I feel it desirable to draw particular attention to page 100, the item "Maternity and Child Welfare", the fourth paragraph, which commences to deal with the intensive study which took place throughout the year into the causes of stillbirths and infant deaths under 7 days, and in subsequent paragraphs to the joint meeting held at Selly Oak Hospital in July of the year, arising out of a Ministry Circular on antenatal care relating to toxæmia. It was attended by representatives of Consultants and General Practitioners in the City and Local Authority Medical staff. Also present were practitioners from Smethwick and the adjacent areas of Warwickshire.

I have already mentioned earlier in this introduction the understanding which exists between the various services in the City and the study on stillbirths and infant deaths and the meeting on ante-natal care relating to toxæmia are typical examples of the benefits which accrue from mutual action.

In the Report for last year, it was said that the Child Welfare Centre in each district was developing as a focal point to which General Practitioners and the lay-public of all ages turn for help when in difficulty. This development has continued throughout 1957, when facilities were granted to the Welfare Committee for occupational therapy sessions for handicapped persons to be held at three Child Welfare Centres, and the Probation Officer appointed to the Lea Hall area began a Report Centre at the Lea Hall Welfare Centre. In the work of the Audiology Clinic, Consultants in the City work in close association with Medical Officers of the Department. The work of the Dental Services of the Department with expectant and nursing mothers and young children, showed increased attendances.

The illegitimate birth rate continues to rise and this year was 64.1 per 1,000 live births. The rise, however, was not so great between 1956—1957 (61.9—64.1 per 1,000 live births) as it was between 1955—1956 (53.2—61.9 per 1,000 live births). The number of unmarried mothers dealt with by the Department, 793, showed a decrease from 1956 when 912 cases were dealt with. There was a decrease in the number of West Indian girls applying for assistance in 1957—144 as compared with 165 in 1956. It is worthy of note that the National Council for the Unmarried Mother and Her Child in their last annual report said that the illegitimacy rate among foreign girls working in this country is no higher than amongst British girls.

In the field of health visiting, the rise in the birth rate brought with it a consequential rise in the number of primary visits to infants,

this coincided with additional domiciliary visits to mothers and young children. In this City increasing emphasis is placed on the importance of the work of Health Visitors attached to hospitals. There are now nine ; they are the link between the General Practitioner and the Hospital on the one hand, and the Hospital and the Department on the other. There is no doubt that great benefit has accrued to the many patients involved and it appears there is scope for greater activity in this sphere of the Health Visitor's work.

The amount of work undertaken by the Department in the care of the aged received considerable comment in last year's Report. This work has been maintained and, as shown in the sections of the Report dealing with Health Visitors, Home Nursing and Home Helps, there has been a general increase in the number of visits paid to these needy people. Of particular interest to many I feel, will be the survey of the Home Nursing Service during the years 1950—1957 on page 158. This portrays the variation in the activities of the Department, which takes place from time to time without consequent change in policy or staff structure. Surveys, although time absorbing, bring to light many factors which otherwise would pass unnoticed. The analysis of statistics relating to the loan of nursing equipment also reveals the upward trend of activity required to meet the demands of the necessitous cases with which the Department comes into contact from year to year.

TUBERCULOSIS. The statistical information contained in the body of this Report dealing with tuberculosis shows a general decline in the notifications and deaths for 1957. It is interesting to note that chemotherapy so frequently renders patients physically well and non-infectious that the number of problems in relation to rehabilitation is becoming less and for the same reason the number of babies requiring segregation for B.C.G. vaccination diminished and in consequence Skilts Residential Nursery for child contacts of tuberculosis was closed down in June, 1957. It is, of course, still highly desirable to see that ex-patients do not undertake unsuitable work and it is also essential to see that any infectious patients do not undertake work where they may be a source of danger to others. It is fortunate that to-day most patients fit enough for normal industry are non-infectious and the comparatively small number of infectious patients able to undertake some work are advised to work at the special Remplog factory.

In the item Personal Health Services on page 177, is described a function of the Department which receives the utmost care and attention, namely the cases considered for priority re-housing on medical grounds. It will be noticed from the table on page 181, that the total applications dealt with in 1953 was 8,625 and in 1957 3,737. Dr. Millar makes reference in his item dealing with this subject to the fact that during the past year or two the problem has been greatly eased by the current Slum

Clearance operations starting to bear fruit, and that many areas of very bad housing have already been cleared and many other areas have now passed into Corporation ownership and are being renovated. Some of these newly acquired areas were amongst the worst in the City. This change in ownership, together with the utmost co-operation from the Housing Management Department in arranging for the transfer of families from Corporation owned slums to better accommodation on medical grounds, has had the effect of curtailing the number of recommendations for immediate rehousing out of "Quota."

Once more the Ambulance Service showed an increase in the total number of patients conveyed, 344,828 as against 344,608 in 1956. Whilst there was an increase in the number of casualties conveyed by the accident section, for the first time there was a very slight decrease in the number of cases conveyed by the hospital removal section—a decrease of 164.

Thus far, the subject of Epidemiology and the functions of the Department related to the Personal Health Services have been dealt with, the latter services being provided in the main under the National Health Service Act. Today the services provided by a local authority for the protection of community health, referred to in this Report under the main headings Environmental Health Services and Food and Drugs, have become accepted features of everyday life. These services were the very foundation of the Public Health Service and today are as vital to the life of a large community as the need for their institution was in the nineteenth century. I would, therefore, draw particular attention to the paragraphs which follow.

ENVIRONMENTAL HEALTH SERVICES

These services concern mainly the technical officers of the Department working in close collaboration with the medical staff. They are the Public Health Inspectors, the Housing Inspectors and specialist inspectors dealing with Smoke, Milk and Dairies, Food and Drugs, Rodent Control and the Shops Act. Mention should also be made of the Meat and Food Inspection Department under the control of Mr. C. G. Allen, Chief Veterinary Officer which deals with bacon factories and pork shops, hawkers, retail shops and food premises (other than where food is prepared for consumption on the premises) and the extensive work of that Department in connection with the meat market. These officers carried out over 350,000 visits to the various premises, the subject of inspection by them. The variety of inspections is shown in the item on Food and Drugs, page 235, inspection of meat and other foods page 248, and particularly in the analysis of inspections on page 274. This work is most diligently carried out with the co-operation of owners of premises

and the food traders. It may also be said in general of the owners of property in the City with whom the technical officers come into contact in dealing with nuisances which arise from day to day.

The Rent Act of 1957 received Royal Assent on the 6th July and it was clear from the passage of the Bill through Parliament that this was to be a controversial and complicated piece of legislation. It was not possible to assess with accuracy what demands would be made on the services of the public health inspectors, but it was apparent that a considerable increase of work was to be expected, at least for a few months. In anticipation of this demand, the clerical and inspectorial staff were given intensive instruction in the type of enquiry likely to be received. A supply of prescribed forms was purchased so as to be available for the public and special steps were taken to ensure that all normal routine inspection work was kept up to date so that staff could be switched at short notice to deal with Rent Act duties.

Enquiries began to be received in the Department from tenants as soon as the first notices of increase of rent were served by landlords and from then on numerous requests for information were made by landlords and tenants as to their rights under the Act. The procedure being complicated and, due to alternative courses being available, it was necessary in a number of cases for tenants to seek information at each stage lest they should prejudice their rights by not following the correct procedure. Many landlords served notices of increase at about the same time and consequently tenants tended to come to the Department in large numbers.

The clerical staff particularly were hard-pressed but all the staff responded splendidly and showed willingness to work long hours so as to keep to a minimum the interval between the date of application and the date of issue of the numerous forms to be served. At the peak time, which was beginning to occur at about the end of the year, some delay was inevitable as, in addition to the forms to be sent out under the Rent Act, abatement notices were served under the Public Health Act wherever conditions warranted such action.

It is pleasing to record the co-operation and help which was received from the Birmingham Council of Social Service, The Birmingham and District Property Owners' Association and the various tenants' associations throughout the City.

Informative talks were arranged and given by the public health inspectors to various bodies throughout the City on the workings of the Act.

Certain sections of the Clean Air Act of 1956 came into operation during the year under review. Prior to this Act action had already been

taken under the provisions contained in the Birmingham Corporation Act, 1954, when the City of Birmingham (Smokeless Areas) (No. 1) Order 1955 was made, involving areas in the centre of the City and an area on the periphery, known as the Garretts Green Industrial Smokeless Area. During 1957, further action was taken, but this time under the Clean Air Act, with a view to controlling smoke in the City when two further orders were made, one extending the central smokeless area and the second area again on the City boundary, but this time in Erdington. Here again, it was pleasing to note the co-operation which we received in applying the provisions of both the Corporation Act and the Clean Air Act.

It may appear from reading this introduction to my Report, that there are self-contained pockets within the Department. This is not so. Reference was made to the inter-dependence of the social services but inter-dependence equally applies within a Public Health Department for without this, gaps appear to the detriment of the community. The only manner in which these gaps can be sealed is by a close relationship between the Medical, Nursing, Technical and Administrative Officers of the Department. This close association does exist and is encouraged by the senior officers of the Department.

VITAL STATISTICS

The home population of the City as estimated by the Registrar-General at the 30th June, 1957 was 1,103,000, thus the decline in the City's population since 1952 has continued.

The birth rate was 17·1 per thousand population, the highest rate since 1949 when it was 18·1 per thousand population.

The crude death rate in 1957 per thousand population was 11·19 (12,349 deaths). This is the highest since 1946 when it was 11·28 with the exception of 1951 when the deaths from bronchitis and pneumonia were unusually high and the crude death rate was 11·35. The rate for the present year was produced by deaths from bronchitis and broncho-pneumonia being higher than for any year since 1947 with again the exception of 1951.

Deaths from diseases of the circulatory system such as strokes, heart failure and coronary thrombosis were unusually high and created a death rate of 3·73 per thousand, the highest ever recorded apart from 1951 when the rate was 3·79. This rate has been steadily rising and has more than doubled in the last forty years.

Deaths from cancer were the highest recorded with the rate of 2·20 per thousand population. This rate is also steadily rising and has more than doubled in the past forty years. On the other hand deaths from childhood infections have fallen progressively and markedly.

Deaths from the principal killing diseases, heart disease, cancer, cerebral haemorrhage, pneumonia, bronchitis, influenza, arteriosclerosis, circulatory diseases, senility, violence and suicide accounted for 86% of all the deaths and this remains very much the same as in the previous three years.

The still birth rate per thousand live and still births was 21·53, and in 1952 the rate was 19·6. The maternal mortality rate per thousand live and still births was 0·52.

Throughout the year, extreme pressure has been placed on all services of the Department. This is due in part to additional legislation but this only related to the technical sections, however the awareness of the community of the availability of the personal and environment services has, no doubt, brought about increased work.

Visitors from overseas, particularly the Far East, have increased in number, these visitors being referred by the Ministry of Health, the British Council and the Central Council for Health Education and if the Public Health Department can be used as a criterion, then Birmingham's popularity for overseas visitors is constantly increasing.

MATTHEW BURN,
Medical Officer of Health.

BIRMINGHAM

The census population for the City of Birmingham recorded in 1951 was 1,112,685. The estimated population in 1957 was 1,103,000. The area of the City remained unaltered at 51,147 acres, i.e., 80 square miles. The highest point of the City (roadway) is at Quinton on the western boundary, 736 feet, and the lowest point is on the eastern boundary at Chester Road, 267 feet. In the centre of the City the Cathedral gardens are 459 feet above sea level. The sub-soil east of a line from New Oscott to Lickey Hills is chiefly marl and sand ; west of this line is a belt of sandstones ; further west still is gravel and sand. This is a relatively modern city and enjoys world-wide reputation as a centre of industry and of progressive local government, regarded as the capital of the Midlands and the second city of Britain. Situated in the heart of the Midlands it is served by the main services of the air, road, rail and canal systems, and is 108 miles from London. The continuous succession of towns on the north and west comprise the " Black Country " of Staffordshire with its coal-mining, iron mining and metal working industries. Rural stretches of Worcestershire and Warwickshire lie to the south and east.

The City is renowned for its diversity of trades, which number some 1,500, and in consequence derives its title " Workshop of the World."

Climatology

Through the kind co-operation of Mr. A. L. Kelley, Director of the Meteorological Observatory (at Edgbaston) of the Birmingham and Midland Institute, it is possible once more to place on record the following information on the weather during 1957 :—

COMPARISON OF MEAN MONTHLY TEMPERATURES AND SUNSHINE
AND RAINFALL TOTALS FOR 1957 WITH THE AVERAGES OF THE PAST
65 YEARS

<i>Month</i>	<i>Shade Temperature °F.</i>		<i>Rainfall Ins.</i>		<i>Sunshine Hrs.</i>	
	<i>Monthly Averages 1957</i>	<i>Averages past 65 years</i>	<i>Monthly Totals 1957</i>	<i>Averages past 65 years</i>	<i>Monthly Totals 1957</i>	<i>Averages past 65 years</i>
January	41·9	38·4	1·30	2·50	40·6	42·5
February	41·6	38·9	2·93	1·955	70·9	58·3
March ...	48·9	41·9	2·49	1·96	80·5	96·8
April ...	48·6	46·4	0·19	1·99	133·2	135·3
May ...	50·9	52·2	1·26	2·38	170·8	171·3
June ...	60·1	57·5	1·77	2·04	283·1	176·1
July ...	61·5	60·8	3·88	2·515	114·3	168·6
August	59·5	60·2	4·23	2·74	108·3	158·4
September	54·5	56·1	5·10	2·06	91·0	122·9
October	52·0	49·5	1·495	2·77	60·1	85·7
November	43·4	43·2	2·065	2·815	58·5	48·9
December	40·3	39·9	2·375	2·729	57·2	37·3
Year	50·3	48·8	29·085	28·455	1268·5	1302·1

MISCELLANEOUS PHENOMENA
NUMBER OF DAYS WITH VARIOUS ITEMS

	<i>Rain amount 0·01 in. or more</i>	<i>Rain amount 0·04 in. or more</i>	<i>Snow or Sleet</i>	<i>Snow lying at 9 a.m.</i>	<i>Thun- der</i>	<i>Ground Frost</i>
1957	178	129	15	1	17	40
65 year average	175	129	20	11	12	80

WINDS

NUMBER OF HOURS DURING WHICH WINDS BLEW FROM 8 MAIN COMPASS POINTS

	N	NE	E	SE	S	SW	W	NW	Calm
1957	554	970	614	956	1551	1883	1197	977	64
Mean	638	897	632	830	1481	1738	1186	1289	70

Mean Hourly speed 1957. 9·7 m.p.h. 65 year average 9·6 m.p.h.

GENERAL

The mild winter months, dry April, sunny June, wet mid-summer and mild, dry autumn are the main points in the weather of the past year.

TEMPERATURE

The mean annual temperature of 50·3 deg.F., was 1·5 deg. in excess of the long period average. Nine out of the twelve months had mean temperatures in excess of the normals. March was particularly mild with a mean temperature 7·0 deg. in excess of its normal and it was the warmest March on record at Edgbaston. January, February, April, June and October were months with mean temperatures 2 deg. or more in excess of their averages. May, August and September were the months with mean temperatures below normal.

The highest shade temperature recorded was 85 deg. on the 28th June and the lowest was 27 deg. on the 16th December.

The fact that there were only 40 ground frosts, (half the average), reflects the general mildness of the spring, autumn and winter months. This is also the lowest annual total of ground frosts in the Observatory records.

SUNSHINE

Although better than 1956, it was a disappointing year for sunshine, the main losses once again occurring in the mid-summer holiday months. But for the wonderfully sunny June, the sunniest month ever recorded here, it would indeed have been a poor year, as only February and December gave substantial excesses. In July, August and September alone 144 hours were lost which more than cancelled out the excess of 107 hours in June. The sunniest day was the 14th June with 15·0 hours.

The total for the year, 1,268·5 hours, was 33·6 hours below normal.

RAINFALL

Despite the wet mid-summer period and some excesses in February and March, the total for the year of 29·085 inches was only 0·63 inches above average. Over 13 inches were recorded in July, August and September. The latter month was the wettest with 5·1 inches and the second wettest September on record. The driest month was April with only 0·19 inch and the second driest April on record. Mid and late spring was a very dry period and a period of "absolute drought" of 19 days occurred between 19th April and the 7th May, whilst a period of "partial drought" of 49 days duration was recorded from the 20th March to the 7th May.

A wet July to September period was again followed by a dry October, November and December, with that very rare occurrence of a late autumn and early winter period of "partial drought" between the 5th November and the 6th December (32 days).

The mid-summer rains were frequently of a thundery character and thunder was recorded on seventeen days during the year which is five more than usual. Thirteen days of thunder were recorded in the period July—September, nearly double the normal.

Precipitation in the form of snow or sleet occurred on 15 days compared with an average of 20.

On only one day was snow recorded as covering the ground at 9 a.m. This is the lowest since 1934 when there was none.

WINDS

In January, February and March the main directions lay between South-east and West-south-west but there was a very marked easterly component in April, May and June.

For the rest of the year winds from between South and West-north-west were predominant.

The mean hourly speed was practically normal for the year. The only wind of "gale force" was recorded during a squall on the 20th March. The maximum gust was 63 m.p.h. also on the 20th March.

FOG

Thick or dense fogs were few and of short duration.

VITAL STATISTICS

Summary of Statistics for the year 1957

Area—51,147 acres, i.e., 80 sq. miles.

Population—Census 1951 : (Final)		1,112,685
Home population, estimated by Registrar-General as at 30th June. (Civilians plus H.M. Forces stationed in the area).	<div style="display: inline-block; vertical-align: middle; font-size: 3em; line-height: 1;">}</div> <div style="display: inline-block; vertical-align: middle;"> 1952 1,119,000 1953 1,118,500 1954 1,117,700 1955 1,111,700 1956 1,110,800 1957 1,103,000 </div>	

It appears from these estimates that the decline in the City's population is continuing and this in spite of an excess of live births over deaths of 6,558. From work among children of school and pre-school age it is clear that there is considerable movement of families between this and other areas many miles away. There is too an extensive "spilling over the boundary" of people who derive their livelihood from Birmingham and decide to establish themselves as owner-occupiers of new houses which are being erected in their hundreds in areas contiguous with Birmingham.

The Registrar-General's estimated mid-year home population has been used for all relevant purposes throughout this Report and, in addition, where rates are based on less than twenty instances, these rates are printed in italics.

Figures for births and deaths have been compiled locally and therefore do not necessarily agree with those published by the Registrar-General. Whilst there is close similarity between the figures for legitimate births there is disparity in relation to the illegitimate. This is probably because a number of Birmingham women having illegitimate births go outside the City for their confinement and these births are not all recorded in our figures. The result is that our illegitimate births tend to be at least 5% below the real figure and for 1957, were actually 8.9% below.

		1955	1956	1957
Live Births (a) Born in the City .....	.....	17,360	18,022	18,472
(b) Born outside the City .....	.....	413	456	434
Total		17,773	18,478	18,906

Legitimate—17,694. Illegitimate—1,212 (6.4% of total live births).

Live Birth Rate 17.1 per 1,000 population. This is the highest rate since 1949 when it was 18.1 per 1,000 population.

Stillbirths

Total 416. 235 (56·5%) of these were premature.

Stillbirth rate per 1,000 total live and still births 21·53. This is next to the lowest on record. In 1952 the rate was 19·6.

Maternal Mortality

Four deaths were not associated and a further six were associated with notifiable births.

Rate per 1,000 live and still births 0·52.

Infant Mortality

	<i>Total deaths under 1 year of age</i>	<i>Deaths under 1 year per 1,000 live births</i>
Legitimate	425	22·5
Illegitimate	41	33·8
Legitimate and Illegitimate	466	24·64

Neonatal death rate 17·66 per 1,000 live births (304 legitimate, 30 illegitimate).

Deaths

The 1957 crude death rate per 1,000 population was 11·19 (12,349 deaths). Apart from 1951, when deaths from bronchitis and pneumonia were unusually high, and the crude death rate was 11·35, the 1957 death rate of 11·19 was the highest since 1946 when it was 11·28. This unfavourable rate for 1957 was produced by the deaths from bronchitis and bronchopneumonia being higher than for any year since 1947, with the exception of the year 1951. The suicide rate of ·14 per 1,000 was also the highest since 1940. Deaths from diseases of the circulatory system such as strokes, heart failure and coronary thrombosis accounted for an unusually high death rate of 3·73 per 1,000, the highest ever recorded apart from 1951 when the rate was 3·79. Incidentally it is interesting to note from the table on page 47 that this rate has been steadily rising and has more than doubled in the last forty years. The rate for death from cancer at 2·20 per 1,000 is the highest recorded; again a rate which is steadily rising and has more than doubled in the past forty years.

On the other hand the death rates from childhood infectious diseases have fallen progressively and markedly, and those whose lives have been spared are living on to fall victims at a much later age to the diseases of later life—cancer, bronchitis and circulatory diseases.

Meanwhile the infant mortality rate, which had been falling steadily and markedly until 1954, has since shown little significant change.

In the past eight years the principal killing diseases have caused the following deaths :—

	<i>Heart disease</i>	<i>Cancer</i>	<i>Cerebral haemorrhage</i>	<i>Pneumonia Bronchitis Influenza</i>	<i>Arterio- sclerosis and Circulatory disease</i>	<i>Senility</i>	<i>Violence and Suicide</i>
1950	3,599	2,106	1,429	1,409	455	246	460
1951	3,876	2,021	1,529	1,905	287	248	499
1952	3,403	2,130	1,504	1,196	412	270	468
1953	3,379	2,237	1,567	1,525	395	380	451
1954	3,384	2,295	1,710	1,234	427	441	452
1955	3,630	2,295	1,755	1,442	418	658	527
1956	3,322	2,315	1,628	1,402	463	592	544
1957	3,452	2,428	1,565	1,509	677	377	554
% of all deaths in 1957	27.95	19.66	12.67	12.22	5.48	3.05	4.48

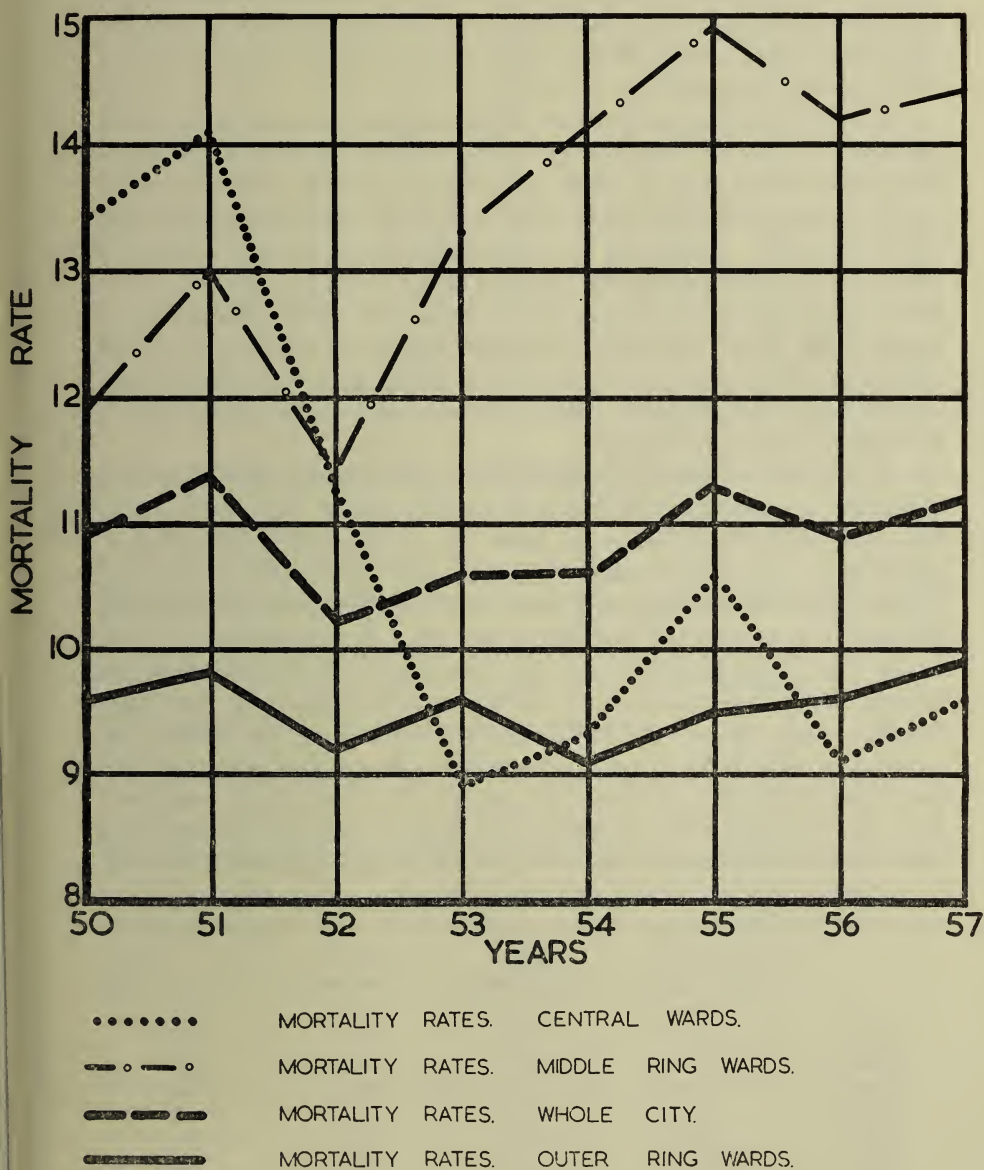
Deaths from those diseases in 1957 accounted for 86% of all the deaths, as compared with 84%, 86% and 85% in each of the previous three years.

An attempt was made to assess the mortality rates in various areas of the City during the past few years and, for purposes of comparison, the mortality rates in the Central Wards (comprising St. Paul's, Duddeston, Deritend, Market Hall, Ladywood), the Middle Ring Wards (comprising Lozells, Aston, Gravelly Hill, Washwood Heath, Saltley, Small Heath, Sparkbrook, Balsall Heath, Edgbaston, Rotten Park, All Saints, Soho), and the Outer Ring Wards (comprising Stechford, Sheldon, Yardley, Acocks Green, Fox Hollies, Sparkhill, Hall Green, Springfield, Brandwood, Moseley and Kings Heath, Selly Oak, King's Norton, Northfield, Weoley, Harborne, Sandwell, Handsworth, Perry Barr, Kingstanding, Stockland Green, Erdington), were plotted graphically as shown in Fig. 1. The crude rate for the Outer Wards has been consistently more favourable than for the City as a whole and the crude rate for the Middle Ring Wards consistently less favourable.

Until the end of 1951 the crude death rate was highest in the Central Wards, but a sudden fall in the rate during 1952 and 1953 apparently placed the Central Wards in a position even more favourable than the Outer Wards occupied. All four graphs showed a fall in rate for 1952 but this was caused by the Census of 1951 enabling correction of the population figures used for calculation of the crude rates. They had previously been estimated and were too small.

In 1953, however, the fall in the rate for the Central Wards continued but the rate for the Middle Ring Wards rose markedly and rose further in each of the next two years.

FIGURE. 1.
MORTALITY RATES 1950 - 1957
 FOR WHOLE CITY AND CENTRAL, MIDDLE AND OUTER RING WARDS.



The fall in rate, between 1951 and 1953, noted for the Central Wards as a group also occurred in each ward considered individually.

At the beginning of 1953 there came into operation a revised arrangement for the allocation to wards of deaths occurring in hospitals for the chronic sick. The effect was that the deaths allocated to Rotton Park Ward, where Summerfield Hospital is situated, were suddenly increased from 295 (in 1950), 320 (in 1951) and 281 (in 1952) to 1388 (in 1953), 1,525 (in 1954) and 1,557 (in 1955). Previous to 1953 these deaths would have been allocated to the home addresses of the patients which in many cases were in the Central Wards whose crude death rates were therefore correspondingly improved.

A further change in allocation of deaths came into operation at the beginning of 1958 and will have the effect of partly reverting to the situation which existed prior to 1953, only deaths occurring in hospital after six months stay being allocated to the municipal ward in which the hospital is situated. Comparing the mortality rates for the first quarter of 1958 with the rates for the first quarters of the previous eight years indicates that this latest arrangement will reduce the crude death rate of Rotton Park Ward by at least half and increase the rates for each of the Central Wards by at least 25% and of the Middle and Outer Ring Wards by 10–20%. The change in 1953, however, increased the rate for Rotton Park Ward four to five times.

An attempt to analyse the significance of the changes shown in Fig. 1 was made by comparing the infant mortality rates in the Central, Inner Ring and Outer Ring Wards and these are shown graphically in Fig. 2. While, each year, it is virtually true to say that the infant mortality rate becomes progressively more favourable from the inner to the outer groups of wards, it is noteworthy that in the past two years the disparity in rate has become markedly less i.e. the chances of an infant's survival in the Central Wards has become more nearly as favourable as in the Outer Wards. This followed the abrupt fall in the rate for the whole City from 30 in 1951 to 27 in 1952, a fall which was enjoyed particularly by the Central Wards as a group although, in the five wards considered individually, the fall was occurring over the three years 1951, 1952 and 1953, Ladywood being the first ward to benefit and Duddleston the last.

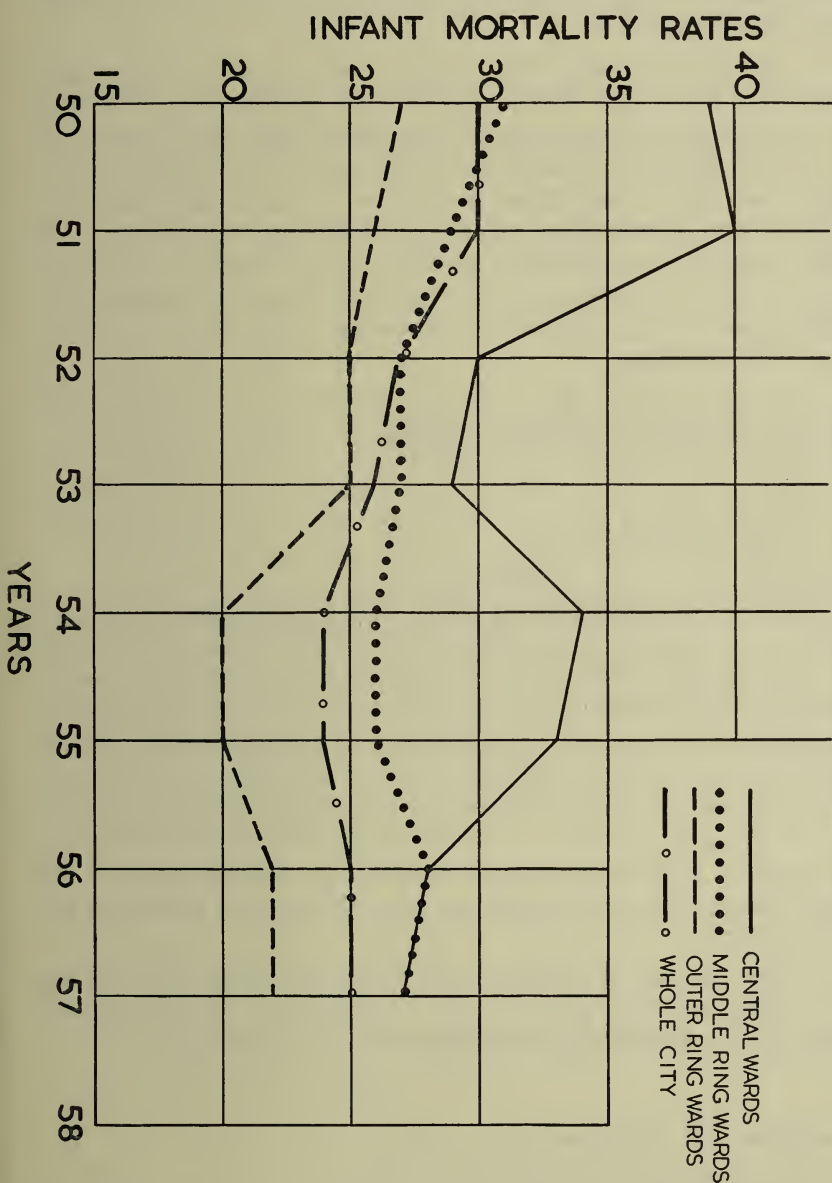
Further analysis of the infant mortality by considering only that occurring between the ages of four weeks and one year is given below :—

<i>Year</i>	<i>Mean Central Wards</i>		<i>Mean Middle Ring Wards</i>		<i>Mean Outer Ring Wards</i>		<i>City</i>
	
1950	20·3	10·8	7·3	10·6		
1951	19·7	10·2	6·8	10·0		
1952	13·0	8·4	7·8	8·9		
1953	7·9	9·2	6·8	7·5		
1954	12·7	9·3	5·4	7·5		
1955	11·5	10·1	5·3	7·4		
1956	10·0	7·8	5·3	6·8		
1957	12·0	6·3	5·6	6·9		

FIGURE 11

INFANT MORTALITY RATE 1950 - 1958

[FOR WHOLE CITY AND CENTRAL, MIDDLE RING AND OUTER RING WARDS]



All three groups of wards showed a fall in rate, the fall in the Central Wards being very marked, particularly in 1952 and 1953. The mortality in this period of life is considered to be markedly influenced by environmental conditions.

Since 1950 there have been marked changes in the environmental conditions in the Central Wards, slum property having been demolished, new dwellings having been provided and houses which are to remain for some years having been drastically reconditioned. Since 1948 a total of 6,858 houses have been demolished, some 14,000 renovated, many thousands more substantially repaired and 1,255 new houses built in the Central Wards; the cumulative effect of all this work is that living conditions in the neighbourhood have been dramatically improved and no small part of the improvement stems from the "do it yourself" efforts of householders.

In the seven years 1950 to 1957 the population of the wards in the Central Group fell from 131,800 to 109,600.

Area Comparability Factors

Births 0·94

Deaths 1·07

Death rates among males are higher than among females at all ages and the very young and the old die more readily than those in their prime. The death rate of a locality therefore depends not only upon the healthiness of its environment but also upon the age and sex composition of its population. For comparison of death rates of one locality with another and with the country as a whole, it is therefore necessary to eliminate the age and sex element and this is done by multiplying the crude death rate by a "comparability factor." The Birmingham death rate "comparability factor" of 1·07, being greater than one, indicates that the sex and age composition of the population in itself tends to produce a low crude death rate.

For the purpose of comparison the Adjusted Birth Rate is 16·11 and the Adjusted Death Rate is 11·97. Comparability factors should be borne in mind when studying the table of Crude Rates on page 44.

Bronchitis and Pneumonia

It was stated in the Report for 1956 that the first quarter of the year is consistently the one in which by far the most deaths occur from bronchitis and pneumonia and the fourth quarter contains the next highest number of deaths. The year 1957 was most unusual in that the deaths in the fourth quarter far exceeded those in the first quarter, the numbers for the fourth quarter being unusually high and those for the first quarter unusually low.

QUARTERLY DEATHS FROM BRONCHITIS AND PNEUMONIA

	<i>First Quarter</i>	<i>Second Quarter</i>	<i>Third Quarter</i>	<i>Fourth Quarter</i>	<i>Total</i>
1950	539	235	130	423	1,327
1951	884	281	156	298	1,619
1952	404	231	137	385	1,157
1953	743	229	121	268	1,361
1954	523	255	144	281	1,203
1955	640	258	128	333	1,359
1956	588	269	160	347	1,364
1957	337	262	152	604	1,355

However, for the year as a whole there were nine fewer deaths than in 1956 (but the fall in population caused the rate to rise), and this in spite of the autumn influenza epidemic.

Influenza itself produced a death rate of 0·14 per thousand, a figure which was exceeded nearly every year until 1942, and since then has been exceeded in 1943, 1949, 1951 and 1953.

The highest influenza death rate since 1943 (when it was ·34) was in 1951 when it was ·26 per thousand. In that year the epidemic occupied the first thirteen weeks of the year and deaths rose to a maximum of 66 in one week. In 1957 however the epidemic deaths occurred in the final thirteen weeks of the year, which is unusual, and rose only to a maximum of 28 in any one week.

Again throughout the winter of 1957—58 careful observation was kept for any sudden increase in deaths from respiratory disease associated with climatic conditions causing the respired air to be laden with the products of combustion. No such increase occurred and there were no periods of severe or prolonged smog. The broad peak which was concurrent with the autumn influenza epidemic was, however, overshadowed by a subsequent peak with its maximum at the year end, and coinciding with a period of cold weather.

The records for 1957 certainly demonstrated the correlation between influenza mortality and pneumonia mortality and incidence, and the table on page 46 shows how those over 45 years were killed by influenza, pneumonia and bronchitis. This was mainly in the last quarter of the year, when 120 of the total of 153 deaths from influenza occurred, only two of these were in children under five years of age.

The Senior Statistical Officer of the Birmingham Regional Hospital Board drew attention to the increased demands upon the Birmingham Bed

Bureau during October and the number of calls during that month for admission to hospital for treatment of respiratory illnesses, notably pneumonia complicating influenza, greatly exceeded figures for previous years. To a lesser degree, the demand during December also exceeded that in the same month of any year since 1953.

The increase in demand for National Insurance Sickness Benefit began in the middle of September and coincided with the increased pressure on the Bed Bureau. The picture, however, was complicated by the fact that initially the influenza epidemic affected mainly children and they would not be involved in applications for Sickness Benefit.

Cancer

Almost every year produces a new record for number of deaths from this disease ; so high a number as 2,428, being the deaths in 1957, has not been recorded previously. The steady increase is largely explained by the increasing number of persons in the older age groups in which cancer most usually occurs. (See table, page 46). Fig. 3 shows this slow rise in deaths from cancer of the stomach and breast and, in relation to death from intestinal cancer, a situation which was stable until 1957 when there was a sudden and unexplained fall.

There are, however, two forms of cancer which are becoming more common—cancer of the lungs and leukaemia.

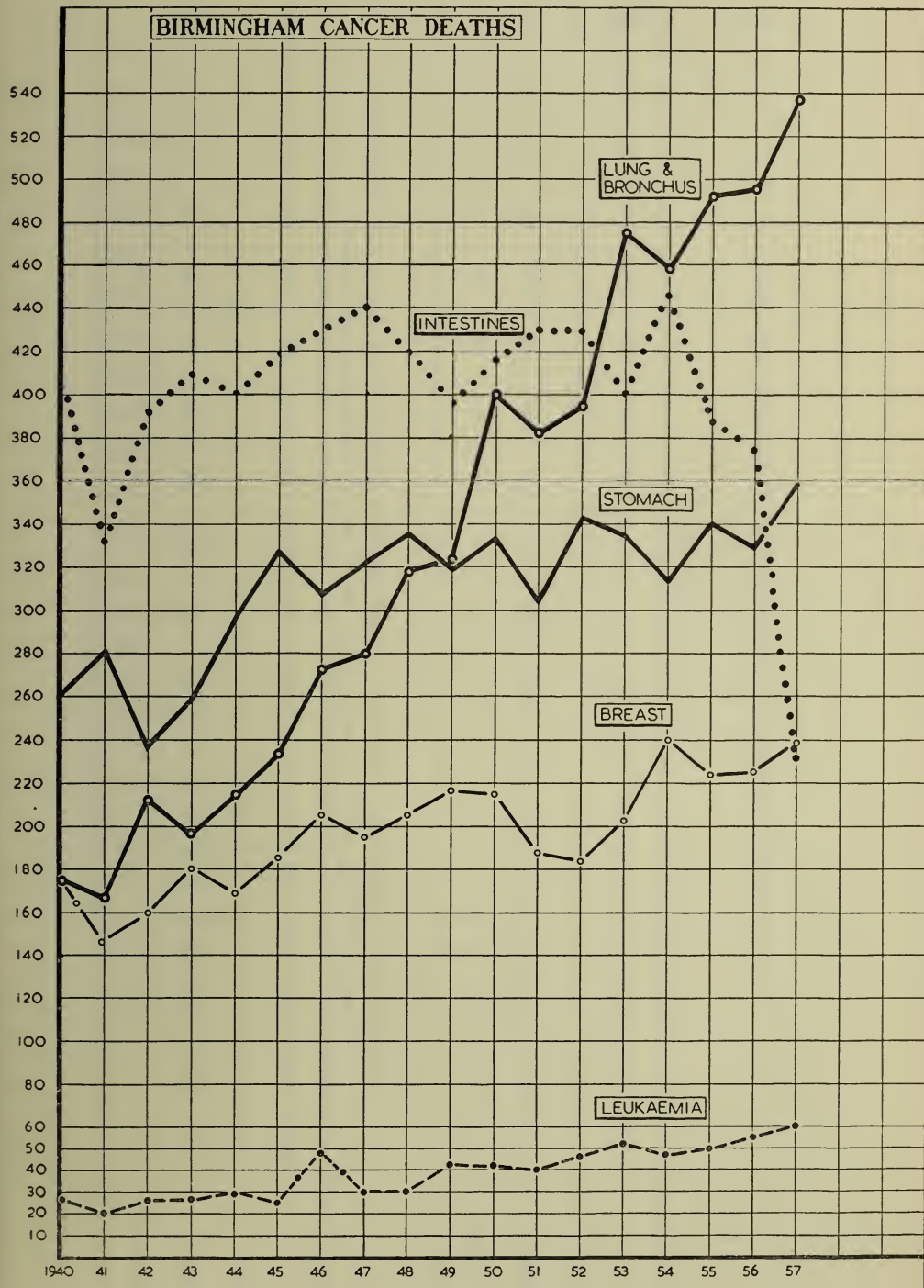
LUNG CANCER again claimed a record number of victims, 538 as compared with 495 in the previous year. The graph shows the rapid rise in deaths from this disease the present yearly deaths being $2\frac{1}{2}$ times the number of only 15 years ago. Of the victims in 1957, 454 were men and 84 women. While the increase in deaths among men has been phenomenal, women have also suffered an increase as the following figures show. (See table, page 42.).

There has been no significant increase in deaths from cancer of the upper respiratory tract.

LEUKAEMIA caused 60 deaths which was also a record. Fig. 3 shows a definite tendency for deaths from this disease to increase but it still remains uncommon. Males are only slightly more affected and both sexes show a similar rise over the years.

The increase in deaths has not greatly affected the age group 0—25 years, but becomes more apparent as age advances. No doubt this is due partly to the population containing more persons in the higher age groups and possibly also to more frequent recognition of the disease latterly than in the past. It is therefore difficult to be sure that the increase in recorded deaths really reflects a true increase in incidence.

FIGURE III



DEATHS FROM CANCER OF THE RESPIRATORY ORGANS, 1940—1957
No. 13c of Table Page 46

LUNGS AND BRONCHUS

	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957
Males ...	146	140	174	148	177	196	228	228	258	275	336	345	338	413	409	417	432	454
Females ...	28	27	36	36	33	35	36	56	61	53	63	39	56	63	49	75	63	84

DEATHS FROM CANCER OF THE RESPIRATORY SYSTEM OTHER THAN LUNGS AND BRONCHUS
(Nose, nasal cavities, middle ear and accessory sinuses, larynx, mediastinum and trachea)

	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957
Males ...	22	39	32	46	30	19	44	27	28	26	35	26	23	20	39	30	15	14
Females ...	7	3	6	8	7	7	10	9	12	7	16	8	6	12	4	6	8	9

AGES AT DEATH FROM LEUKAEMIA

				<i>0—14 yrs.</i>	<i>15—24 yrs.</i>	<i>25 yrs.+</i>
1940	...	...	...	7	—	19
1941	...	...	...	5	2	14
1942	...	...	...	4	2	21
1943	...	...	...	6	1	19
1944	...	...	...	5	3	21
1945	...	...	...	4	2	20
1946	...	...	...	9	3	36
1947	...	...	...	7	—	21
1948	...	...	...	7	3	18
1949	...	...	...	7	5	31
1950	...	...	...	6	—	36
1951	...	...	...	11	1	28
1952	...	...	...	7	5	34
1953	...	...	...	7	2	43
1954	...	...	...	10	5	32
1955	...	...	...	7	3	38
1956	...	...	...	8	5	42
1957	...	...	...	8	3	49

CRUDE RATES

Year	BIRTH RATE			STILLBIRTH RATE per 1,000 total births			INFANT MORT. RATE			DEATH RATE		
	B'ham	* Great Towns	Eng. and Wales	B'ham	* Great Towns	Eng. and Wales	B'ham	* Great Towns	Eng. and Wales	B'ham	* Great Towns	Eng. and Wales
1901	31.4		27.2 <i>is mean for 1901— 1910</i>	—	—	—	176		151	17.5		16.9
1911	26.1		24.4	—	—	—	150		130	15.0		14.6
1921	24.1		22.4	35			83		83	11.3		12.1
1931	16.9		15.8	39		41	71		66	11.7		12.3
1936	15.8		14.8	35		40	62		59	11.3		12.1
1941	16.8	14.7	13.9	29		35	69	71	60	13.2	14.9	13.5
1942	19.3	17.3	15.6	28		33	56	59	51	11.8	13.3	12.3
1943	20.9	18.6	16.2	27		30	55	58	49	12.1	14.2	13.0
1944	22.8	20.3	17.7	25		28	42	52	45	11.3	13.7	12.7
1945	20.2	19.1	15.9	25		28	49	54	46	11.2	13.5	12.6
1946	22.5	22.2	19.2	25		27	40	46	43	11.3	12.7	12.0
1947	22.2	23.3	20.5	24		24	41	47	41	11.1	13.0	12.3
1948	19.5	20.0	17.9	22		23	32	39	34	9.8	11.6	11.0
1949	18.1	18.7	16.9	22		23	31	37	32	10.7	12.5	11.8
1950	16.8	17.6	15.8	23		23	30	34	30	10.9	12.3	11.6
1951	16.5	17.3	15.5	22		23	30	34	30	11.4	13.4	12.5
1952	16.4	16.9	15.3	20	25	23	27	31	28	10.2	12.1	11.3
1953	16.6	17.0	15.5	23	25	22	26	31	27	10.6	12.2	11.4
1954	16.4	15.2	15.2	22	23	24	24	25	25	10.6	11.1	11.3
1955	16.0	14.9	15.0	23	23	23	24	25	25	11.3	11.6	11.7
1956	16.6	15.6	15.6	23	23	23	25	24	24	10.9	11.6	11.7
1957	17.1	16.1	16.1	22	23	22	25	24	23	11.2	11.5	11.5

* As from January, 1952, there are 160 County Boroughs and Great Towns, including London, instead of the 126 previously referred to.

BIRTH, DEATH AND INFANT MORTALITY RATES IN WARDS, 1957

	WARDS	Estimated Population	BIRTHS		TOTAL DEATHS		INFANT DEATHS	
			Number	Rate per 1,000 population	Number	Rate per 1,000 population	Number	Rate per 1,000 births
CENTRAL	St. Paul's	22,800	525	23.0	206	9.0	14	27
	Duddeston	24,900	572	23.0	214	8.6	15	26
	Deritend	21,300	511	24.0	241	11.3	12	24
	Market Hall	20,200	561	27.8	195	9.7	14	25
	Ladywood	20,400	505	24.8	195	9.6	17	34
	Totals and Average Rates of Central Wards	109,600	2,674	24.4	1,051	9.6	72	27
MIDDLE RING	Lozells	30,300	718	23.7	266	8.8	19	27
	Aston	27,100	516	19.0	255	9.4	16	31
	Gravelly Hill	27,500	519	18.9	254	9.2	11	21
	Washwood Heath	34,800	524	15.1	280	8.0	11	21
	Saltley	30,000	499	16.6	306	10.2	9	18
	Small Heath	29,600	595	20.1	317	10.7	11	19
	Sparkbrook	24,000	612	25.5	246	10.3	18	29
	Balsall Heath	24,300	526	21.6	263	10.8	18	34
	Edgbaston	24,800	375	15.1	323	13.0	11	29
	Rotton Park	22,500	425	18.9	1,547	68.8	13	31
	All Saints	24,300	387	15.9	333	13.7	10	26
	Soho	23,900	508	21.3	263	11.0	21	41
	Totals and Average Rates of Middle Ring Wards	323,100	6,204	19.2	4,653	14.4	168	27
OUTER RING	Stechford	51,200	787	15.4	332	6.5	14	18
	Sheldon	45,500	769	16.9	238	5.2	24	31
	Yardley	24,800	326	13.1	287	11.6	4	12
	Acocks Green	20,900	330	15.8	215	10.3	5	15
	Fox Hollies	21,900	275	12.6	247	11.3	9	33
	Sparkhill	24,700	458	18.5	290	11.7	13	28
	Hall Green	25,200	266	10.6	255	10.1	5	19
	Springfield	25,900	327	12.6	272	10.5	3	9
	Brandwood	36,900	514	13.9	368	10.0	11	21
	Moseley and King's Heath	28,700	514	17.9	411	14.3	17	33
	Selly Oak	30,000	378	12.6	404	13.5	4	11
	King's Norton	29,200	414	14.2	300	10.3	6	15
	Northfield	46,900	752	16.0	529	11.3	24	32
	Weoley	37,600	605	16.1	248	6.6	12	20
	Harborne	35,100	419	11.9	452	12.9	7	17
	Sandwell	25,500	413	16.2	252	9.9	13	32
	Handsworth	25,600	594	23.2	263	10.3	14	24
	Perry Barr	37,100	482	13.0	202	5.4	10	21
	Kingstanding	37,500	602	16.1	248	6.6	9	15
	Stockland Green	29,300	391	13.3	442	15.1	6	15
	Erdington	30,800	412	13.4	369	12.0	10	24
	Totals and Average Rates of Outer Ring Wards	670,300	10,028	15.0	6,624	9.9	220	22
	Ward of Domicile not known				21		6	
	Totals and Average Rates for Whole City	1,103,000	18,906	17.1	12,349	11.2	466	25

CAUSES OF DEATH AT DIFFERENT AGE PERIODS DURING 1957

No.	Causes of Death	Sex	AGES AT DEATH						No.	Cause of Death	Sex	AGES AT DEATH						All Ages									
			0	1	2	5	15	25				45	65	75	0	1	2		5	15	25	45	65	75			
1	Typhoid & Paratyphoid Fever...	M.	—	—	—	—	—	—	—	—	M.	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	4
1A	Smallpox ...	F.	—	—	—	—	—	—	—	—	F.	—	—	—	—	—	—	2	3	—	—	—	—	—	—	—	5
2	Measles ...	M.	—	—	—	—	—	—	—	—	F.	—	—	—	—	—	—	3	10	3	—	—	—	—	—	—	9
3	Scarlet Fever ...	M.	—	—	—	—	—	—	—	—	F.	—	—	—	—	—	—	153	226	280	668	—	—	—	—	—	68
4	Whooping Cough ...	M.	—	—	—	—	—	—	—	—	F.	—	—	—	—	—	—	247	155	247	485	897	—	—	—	65	
5	Diphtheria ...	M.	—	—	—	—	—	—	—	—	F.	—	—	—	—	—	—	17	17	8	65	—	—	—	—	67	
6	Influenza ...	M.	—	—	—	—	—	—	—	—	F.	—	—	—	—	—	—	52	22	14	15	67	—	—	—	1762	
6A	Poliomyelitis inc. Polio Encephalitis ...	M.	—	—	—	—	—	—	—	—	F.	—	—	—	—	—	—	83	532	614	1762	—	—	—	—	1690	
7	Acute Infectious encephalitis incl. Encephalitis Lethargica ...	M.	—	—	—	—	—	—	—	—	F.	—	—	—	—	—	—	25	243	445	972	1690	—	—	—	32	
8	Meningococcal Infections inc. Cerebrospinal Fever ...	M.	—	—	—	—	—	—	—	—	F.	—	—	—	—	—	—	2	14	18	5	39	—	—	—	39	
9	Tuberculosis of Respiratory System ...	M.	—	—	—	—	—	—	—	—	F.	—	—	—	—	—	—	8	82	83	111	284	—	—	—	284	
10A	Tubercular Meningitis ...	M.	—	—	—	—	—	—	—	—	F.	—	—	—	—	—	—	9	93	167	322	—	—	—	—	—	
10B	Tuberculosis of the Abdomen ...	M.	—	—	—	—	—	—	—	—	F.	—	—	—	—	—	—	7	187	210	199	609	—	—	—	609	
10C	Tuberculosis of Spinal Column ...	M.	—	—	—	—	—	—	—	—	F.	—	—	—	—	—	—	3	41	70	125	241	—	—	—	241	
10D	Tuberculosis of Joints ...	M.	—	—	—	—	—	—	—	—	F.	—	—	—	—	—	—	11	71	74	81	270	—	—	—	270	
10E	Disseminated Tuberculosis ...	M.	—	—	—	—	—	—	—	—	F.	—	—	—	—	—	—	30	21	30	41	70	125	241	—	241	
10F	Tuberculosis of Glands and other parts ...	M.	—	—	—	—	—	—	—	—	F.	—	—	—	—	—	—	11	71	74	81	270	—	—	—	270	
11	Syphilis ...	M.	—	—	—	—	—	—	—	—	F.	—	—	—	—	—	—	6	29	22	9	67	—	—	—	67	
12	General Paralysis of Insane, Tabes Dorsalis ...	M.	—	—	—	—	—	—	—	—	F.	—	—	—	—	—	—	4	5	6	4	27	—	—	—	27	
13A	Cancer of Buccal Cavity & Pharynx ...	M.	—	—	—	—	—	—	—	—	F.	—	—	—	—	—	—	5	37	46	27	115	—	—	—	115	
13B	" Digestive Organs ...	M.	—	—	—	—	—	—	—	—	F.	—	—	—	—	—	—	12	16	23	51	11	—	—	—	11	
13C	" Peritoneum ...	M.	—	—	—	—	—	—	—	—	F.	—	—	—	—	—	—	2	4	2	8	14	—	—	—	14	
13D	" Respiratory Organs ...	M.	—	—	—	—	—	—	—	—	F.	—	—	—	—	—	—	1	4	2	11	11	—	—	—	11	
13D	" Genital Organs ...	M.	—	—	—	—	—	—	—	—	F.	—	—	—	—	—	—	4	18	15	13	50	—	—	—	50	
13E	" Breast ...	M.	—	—	—	—	—	—	—	—	F.	—	—	—	—	—	—	2	—	—	—	2	—	—	—	2	
13F	" Urinary Organs ...	M.	—	—	—	—	—	—	—	—	F.	—	—	—	—	—	—	5	—	—	—	—	—	—	—	—	
13G	" Skin ...	M.	—	—	—	—	—	—	—	—	F.	—	—	—	—	—	—	2	1	—	—	—	—	—	—	—	
13H	" Other Organs ...	M.	—	—	—	—	—	—	—	—	F.	—	—	—	—	—	—	1	5	—	—	—	—	—	—	—	
14	Diabetes ...	M.	—	—	—	—	—	—	—	—	F.	—	—	—	—	—	—	197	153	153	153	153	—	—	—	—	
			2	2	3	6	9	23	54	21	17	135	114	25	7			197	153	153	153	153	—	—	—	—	
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YEAR	Population Estimated to middle of each year	Birth-rate	Death-rate	Infant Mortality rate per 1,000 Births	DEATH-RATES PER 1,000 OF POPULATION FROM													DEATH-RATES PER 1,000 LIVE BIRTHS							
					Enteric Fever	Smallpox	Measles	Scarlet Fever	Whooping Cough	Diphtheria	Influenza	Tuberculosis		Cancer	Diseases of Nervous System	Diseases of Circulatory System	Diseases of Respiratory System	Diseases of Digestive System	Urinary System	Suicides	Other Violence	Congenital Debility, Premature Birth, Malformations, etc.	Enteritis (under 2)	Puerperal Fever	Other Accidents of Childbirth
1919	910,000	20.9	13.0	84	.01	—	20	.05	.06	.14	1.15	1.10	.17	1.01	1.07	1.73	2.67	.66	.35	.11	.34	40.0	9.9	1.19	1.45
1920	910,000	27.6	12.6	83	.01	—	16	.12	.20	.22	.46	.93	.17	1.06	1.06	1.72	2.54	.82	.32	.11	.34	35.2	9.5	2.03	1.56
1921	919,683	24.1	11.3	84	.01	—	18	.04	.23	.13	.88	.18	.22	1.03	1.17	1.79	2.64	.88	.39	.08	.38	39.4	14.3	1.58	1.48
1922	927,844	21.5	12.1	86	.00	—	09	.04	.38	.10	.48	.97	.16	1.12	0.98	1.63	2.02	.93	.38	.10	.26	36.6	16.6	1.17	1.67
1923	936,079	20.4	11.1	72	.00	—	20	.04	.38	.10	.48	.97	.16	1.15	1.04	1.83	2.38	.66	.37	.12	.26	37.4	8.5	1.26	1.76
1924	944,386	19.2	11.6	83	.01	—	20	.04	.38	.10	.48	.97	.16	1.17	1.04	1.81	1.98	.70	.39	.14	.35	31.3	10.9	1.78	1.73
1925	952,766	18.8	11.7	78	.00	—	13	.03	.23	.10	.39	.98	.16	1.20	1.00	1.91	2.15	.70	.37	.10	.31	37.2	9.2	2.01	1.90
1926	961,222	18.7	11.5	73	.00	—	08	.01	.13	.12	.34	.96	.15	1.21	1.00	1.85	2.12	.97	.37	.11	.30	34.3	11.3	1.86	2.19
1927	969,752	17.8	11.8	75	.00	—	13	.01	.17	.08	.41	.89	.17	1.36	0.95	2.28	1.89	.70	.41	.15	.36	35.1	11.5	2.29	1.84
1928	976,500	17.6	10.9	65	.00	—	04	.01	.13	.09	.13	.86	.13	1.35	0.94	2.41	1.56	.67	.41	.16	.40	31.6	9.3	1.86	1.97
1929	981,000	17.1	13.5	79	.00	—	20	.01	.13	.09	.13	.90	.15	1.34	0.98	2.57	1.32	.60	.44	.15	.40	30.6	7.6	1.55	2.44
1930	982,000	17.7	10.8	60	.01	—	06	.02	.11	.09	.13	.94	.13	1.43	0.88	2.57	1.32	.60	.44	.15	.40	30.6	7.6	1.55	2.44
1931	1,011,300	16.9	11.6	70	.00	—	10	.01	.05	.06	.41	.91	.13	1.35	0.96	2.43	1.78	.69	.45	.15	.38	33.0	10.7	1.74	2.05
1932	1,017,500	16.3	11.3	67	.00	—	08	.01	.03	.03	.36	.83	.10	1.46	0.77	2.90	1.61	.62	.45	.15	.38	34.6	8.7	1.68	2.06
1933	1,023,500	14.7	11.0	66	.00	—	08	.02	.03	.03	.44	.85	.11	1.43	0.70	2.94	1.32	.61	.40	.17	.39	33.7	7.7	1.68	2.05
1934	1,028,000	15.3	11.0	68	.01	—	05	.01	.05	.08	.18	.71	.08	1.52	0.76	3.04	1.26	.67	.44	.16	.38	35.0	8.7	1.85	2.07
1935	1,033,000	15.4	10.9	64	.00	—	05	.01	.06	.08	.15	.71	.08	1.46	0.72	3.14	1.09	.62	.46	.13	.40	36.3	7.7	1.85	2.07
1936	1,038,000	15.8	11.3	67	.00	—	04	.01	.10	.06	.28	.80	.10	1.57	0.76	2.95	1.35	.62	.44	.16	.38	34.6	8.1	1.66	2.07
1937	1,042,000	16.3	11.7	69	.00	—	07	.01	.03	.08	.40	.72	.08	1.62	0.73	3.40	1.40	.56	.45	.15	.39	33.1	5.1	0.77	2.30
1938	1,048,000	16.6	10.9	61	.00	—	01	.01	.07	.07	.15	.70	.08	1.59	0.61	3.45	1.18	.61	.43	.16	.34	28.5	12.5	0.63	2.17
1939	1,053,000	16.9	11.4	60	.00	—	02	.00	.05	.05	.16	.77	.07	1.35	0.67	3.65	1.16	.45	.39	.15	.36	29.1	13.7	0.58	1.72
1940	1,059,000	16.9	11.3	60	.00	—	01	.01	.07	.05	.22	.77	.07	1.61	0.80	3.31	2.21	.55	.46	.14	.42	28.2	12.1	0.58	1.63
1941	1,060,000	16.4	11.9	63	.01	—	03	.01	.06	.06	.21	.73	.07	1.59	0.80	3.45	1.43	.58	.44	.14	.38	30.3	9.8	0.87	1.99
1942	1,060,000	16.3	11.8	69	.01	—	02	.00	.05	.05	.10	.77	.09	1.70	1.30	3.10	1.94	.72	.45	.12	.44	26.4	11.3	0.82	1.75
1943	1,065,000	16.6	12.1	56	.00	—	02	.00	.06	.04	.34	.71	.09	1.83	1.34	3.02	1.73	.64	.43	.11	.31	25.4	9.1	0.79	0.94
1944	1,065,000	20.9	12.1	42	.00	—	01	.00	.03	.02	.11	.70	.09	1.75	1.29	3.15	1.40	.43	.42	.10	.27	22.3	7.8	0.62	0.75
1945	1,065,000	19.9	11.2	50	.00	—	03	.02	.03	.02	.06	.68	.07	1.84	1.33	3.14	1.44	.44	.41	.10	.27	22.3	7.8	0.51	0.96
1946	1,071,000	22.5	11.3	40	.00	—	03	.01	.03	.01	.11	.61	.08	1.78	1.31	3.10	1.60	.54	.43	.10	.34	25.0	8.8	0.77	1.14
1947	1,076,304	22.2	11.4	41	.00	—	02	.00	.03	.00	.11	.64	.05	1.83	1.32	3.36	1.37	.44	.36	.12	.30	20.9	6.1	0.29	0.71
1948	1,086,100	19.5	9.8	32	.00	—	01	.00	.03	.00	.03	.59	.04	1.82	1.10	3.00	1.10	.32	.33	.13	.27	20.6	7.1	0.29	0.71
1949	1,106,800	18.1	10.7	31	.00	—	01	.00	.02	.00	.19	.54	.05	1.75	1.25	3.52	1.34	.35	.29	.12	.30	18.9	3.2	0.05	0.45
1950	1,117,900	16.8	10.9	30	.00	—	01	.00	.03	.00	.07	.43	.03	1.88	1.40	3.67	1.30	.35	.28	.12	.28	19.3	4.4	0.19	0.56
1951	1,119,000	16.5	11.4	30	.00	—	01	.00	.01	.00	.26	.35	.02	1.80	1.49	3.79	1.54	.42	.25	.12	.33	18.2	1.6	0.27	0.49
1952	1,119,000	16.4	10.2	27	.00	—	01	.00	.01	.00	.15	.24	.01	1.90	1.46	3.49	1.12	.39	.22	.11	.31	17.5	1.3	0.38	0.44
1953	1,118,500	16.4	10.6	26	.00	—	01	.00	.01	.00	.15	.24	.01	1.90	1.46	3.49	1.12	.39	.22	.11	.31	17.5	1.3	0.38	0.44
1954	1,117,700	16.4	10.6	24	.00	—	01	.00	.01	.00	.15	.24	.01	1.90	1.46	3.49	1.12	.39	.22	.11	.31	17.5	1.3	0.38	0.44
1955	1,111,700	16.0	11.3	24	.00	—	01	.00	.01	.00	.15	.24	.01	1.90	1.46	3.49	1.12	.39	.22	.11	.31	17.5	1.3	0.38	0.44
1956	1,116,000	16.6	10.9	25	.00	—	01	.00	.01	.00	.15	.24	.01	1.90	1.46	3.49	1.12	.39	.22	.11	.31	17.5	1.3	0.38	0.44
1957	1,103,000	17.1	11.2	25	.00	—	01	.00	.01	.00	.15	.24	.01	1.90	1.46	3.49	1.12	.39	.22	.11	.31	17.5	1.3	0.38	0.44

*Exclusive of General Paralysis †Registrar General's Estimate

GENERAL EPIDEMIOLOGY

The Department continues to enjoy the very considerable collaboration from general practitioners and hospitals. Special mention must be made of the almost daily help from Dr. F. L. Ker, Physician Superintendent of Little Bromwich General Hospital, where nearly all Birmingham patients requiring hospital attention for infectious disease are admitted. Collaboration from all sides ensures not only adequate attention for the patients and their families but the accuracy of the records of this Department.

Diphtheria

There were 43 notifications of diphtheria during 1957 and in only one case was the notification confirmed.

This was an Englishwoman, 42 years of age, born and brought up in the Philippines where, it seems, there is no diphtheria and no immunisation. She flew to this country with her husband, calling at several airports en route. They travelled by train to Birmingham immediately after arrival at London Airport and the following day she felt tired, shivery and uncomfortable in the throat. A definite "sore throat" and general malaise developed during the next two days and six days after her illness began she died suddenly while she was raising herself in bed. From a throat swab taken on the previous day mitis virulent diphtheria bacilli were isolated. No contact developed diphtheria.

Diphtheria Immunisation

Following the issue by the Ministry of Health of Circular 8/57 dated 4th July, 1957, in which all local health authorities were urged to offer vaccination against whooping cough as part of their arrangements under Section 26 of the National Health Service Act, the use of a combined diphtheria-pertussis prophylactic was commenced in August.

The procedure followed by the Department for combined vaccination consists of a primary course of three 1 c.c. injections at intervals of not less than one month, commencing preferably when the child is 3—4 months old. A single reinforcing dose of 1 c.c. of formol toxoid is given at 4—5 years of age.

The scheme for protection against diphtheria alone continued as in the past except that formol toxoid replaced the alum precipitated toxoid. This change followed the findings of the Medical Research Council on the relationship between the use of prophylactics containing alum and poliomyelitis.

By the end of the year, 17,398 children had completed their primary course of immunisation with either the diphtheria prophylactic alone or the combined diphtheria-pertussis preparation. Although this represents a substantial increase on the corresponding figures for previous years, the discrepancy between the yearly number of births and the children recorded as immunised still continues :—

<i>Year</i>	<i>Number of primary immunisations</i>	<i>Number of live births in the year</i>
1952	17,532	18,301
1953	16,641	18,566
1954	16,973	18,280
1955	16,289	17,773
1956	16,268	18,478
1957	17,398	18,906

Of the 18,478 children born alive in 1956, 1,330 had completed their primary diphtheria immunisation by the end of that year. In 1957 a further 9,372 completed the primary course but, by the end of 1957, when all these children were between 1 and 2 years old, there were still 7,776 whose primary immunisation was not recorded as completed and this in spite of all the publicity and advice which was given.

During 1957, there were 3,049 children whose primary course was not completed until they were either attending school or about to do so. Only 226 children in this group were treated by general practitioners, the others receiving their injections from doctors on the Health Department staff, mainly at welfare centres and schools.

The number as well as the proportion of all primary immunisations against diphtheria, or diphtheria and whooping cough combined, carried out by general practitioners continues to increase :—

<i>Year</i>	<i>Percentage of Primary Immunisations given by General Practitioners</i>					
1950	37%
1951	37%
1952	39%
1953	45%
1954	51%
1955	53%
1956	57%
1957	58%

General practitioners gave 6,844 complete primary courses of combined prophylactics in 1957 as against 5,205, 3,433, 2,083 and 1,246 in the previous years. The material is now purchased by the Department and issued free to doctors for their patients.

REINFORCING INJECTIONS

Only 12,961 children were known to have had reinforcing injections in 1957 against diphtheria. Of these 3,461 (27%) were given by general practitioners as compared with 25%, 21%, 19% and 15% in the previous years.

The total figure is, however, disappointing and shows more than ever the importance of concentrating on schools in order to carry out reinforcing injections, as it would appear that an increasing number of children commence school without receiving this necessary additional protection.

NUMBER OF IMMUNISATION SESSIONS

During 1957 doctors of the Health Department staff gave 28,502 injections at 1,562 sessions which were held :—

Welfare centres	...	...	614 sessions.
Day nurseries	...	...	164 sessions.
Institutions	...	...	78 sessions.
Schools	...	...	657 sessions.
Council House	...	...	49 sessions.

DIPHtheria/DIPHtheria PERTUSSIS
NUMBER OF CHILDREN WHO COMPLETED A PRIMARY COURSE IN 1957

<i>Year of Birth</i>	<i>1957</i>	<i>1956</i>	<i>1955</i>	<i>1954</i>	<i>1953</i>	<i>1952</i>	<i>1951</i>	<i>1950</i>	<i>1949</i>	<i>1948</i>	<i>1947</i>	<i>1946</i>	<i>1945</i>	<i>1944</i>	<i>1943</i>	<i>Total</i>	<i>Adults</i>
Infant Welfare Centres	D.I. 14	1,760	369	245	177	116	39	21	10	2	2		1		1	2,757	1
	D.P.I. 918	235	35	22	22	4										1,236	
Day Nurseries	D.I. 1	125	49	24	11	6										216	
	D.P.I. 29	13	2		1											45	
Institutions	D.I. 3	30	19	12	17	12	6	3	4	11	5	3	6	3	7	141	12
	D.P.I. 1	2	3	3	4	4										17	
Schools	D.I.		8	35	91	954	957	432	163	15	3	10	5	4	2	2,679	3
	D.P.I.																
Council House	D.I. 6	117	20	9	2	5	5	1	1							166	1
	D.P.I. 58	9	1	2	1											71	
General Practitioners	D.I. 152	2,336	394	126	95	73	35	7	3	2		1	1	1		3,226	11
	D.P.I. 1,175	4,745	568	167	86	57	31	8	2		2	1	1	1		6,844	
TOTAL	D.I. 176	4,368	859	451	393	1,166	1,042	464	181	30	10	14	13	8	10	9,185	28
	D.P.I. 2,181	5,004	609	194	114	65	31	8	2		2	1	1	1		8,213	
Combined total Diphtheria/Diph. Pertussis	2,357	9,372	1,468	645	507	1,231	1,073	472	183	30	12	15	14	9	10	17,398	28
	2,357															17,398	
																17,398	

DIPHTHERIA/DIPHTHERIA PERTUSSIS
NUMBER OF CHILDREN GIVEN REINFORCING INJECTIONS IN 1957

<i>Year of Birth</i>	<i>1957</i>	<i>1956</i>	<i>1955</i>	<i>1954</i>	<i>1953</i>	<i>1952</i>	<i>1951</i>	<i>1950</i>	<i>1949</i>	<i>1948</i>	<i>1947</i>	<i>1946</i>	<i>1945</i>	<i>1944</i>	<i>1943</i>	<i>Total</i>	<i>Adults</i>
Infant Welfare Centres	D.I.				976	1,512	113	57	79		4		1	1		2,743	
Day Nurseries	D.I.				24	69	1									94	
Institutions	D.I.				3	22	16	5	3	4	3	2	4	1	1	64	4
Schools	D.I.				256	2,876	2,264	773	293	14	8	16	2	9	1	6,512	1
Council House	D.I.				23	52	6	4		1		1				87	1
General Practitioners	D.I.				512	1,876	284	54	22	6	5	10	3	3	1	2,776	1
	D.P.I.			1	187	411	63	17	6							685	
TOTAL					1,794	6,407	2,684	893	397	25	20	29	10	14	3	12,276	7
				1	187	411	63	17	6							685	
Combined TOTAL				1	1,981	6,818	2,747	910	403	25	20	29	10	14	3	12,961	7

DIPHTHERIA IMMUNISATION

PERCENTAGES OF IMMUNISED CHILDREN 0—5 YEARS

(BASED ON HEALTH VISITORS' RECORDS)

<i>Centre</i>	<i>1956</i>	<i>1957</i>
Acocks Green	68·4	66·62
Berrowside	62·9	70·72
Bromford	61·0	52·16
Carnegie	50·2	46·70
Chester Road	62·6	65·62
Dawberry Fields	61·6	70·14
Dreghorn Road	67·1	67·89
East Meadway	61·0	62·01
Edgewood Road	56·5	57·35
Erdington	61·9	61·37
Farm Road	49·6	46·15
Fourlands	57·4	64·0
Greet	61·2	57·96
Handsworth	70·9	68·48
Hay Mills	63·0	60·22
Heath Mill Lane	51·8	56·35
Highfield Lane	73·9	67·34
Hollybank Road	72·5	73·15
Hope Street	39·1	37·82
Horrell Road	59·2	62·56
Irving Street	43·4	42·66
Kettlehouse	49·8	65·38
Kings Heath	61·1	57·57
Kingstanding	60·8	65·05
Lancaster Street	49·2	44·40
Lansdowne Street	56·3	52·78
Lea Hall	56·6	57·67
Maypole	63·9	62·28
Monument Road... ..	43·5	44·15
Moseley Road	—	40·04
Northfield	65·2	64·74
Offmoor Road	66·6	65·37
Oscott School Lane	60·7	68·12
Overbury Road	68·4	57·17
Quinton Lane	63·8	61·23
The Radleys	66·3	71·64
Selly Oak	66·4	63·68
Sisefield	—	65·13
Small Heath	59·1	55·19
Stirchley	56·6	58·69
Stoney Lane	51·6	52·33
Sutton Street	47·0	47·51
Tower Hill	73·7	77·03
Treadford Lane	62·7	63·03
Trinity Road	45·8	53·22
Washwood Heath	52·8	54·47
Wentworth Road	64·7	61·19
Weoley Castle	60·0	67·48
Westcote Avenue	58·8	43·40
West Heath	66·1	65·73
Yardley Wood	61·0	61·16
Total immunised children under 5 years of age ...	47,270	46,850
Percentage of child population	56·99%	56·46%

Dysentery

The number of cases of dysentery confirmed in 1957 was considerably lower than in 1956 but the figures still remain high. During the last five years the following cases were recorded :—

1953	1954	1955	1956	1957
359	621	514	1,258	584

As in previous years this illness was most prevalent in the first quarter. The Birmingham experience in this period reflected that of the country as a whole.

1st quarter	2nd quarter	3rd quarter	4th quarter
254	143	108	79

Children, particularly in the age group 5—9 years, were mostly affected. The recorded higher incidence in this group might merely be because illness comes to light more readily among young school children.

Age	0—	1—	2—4	5—9	10—14	15—19	20—24	25—34	35—44	45—54	55—64	65—74	75+
Males ...	24	47	32	112	15	7	5	24	22	7	5	4	1
Females ...	11	29	24	93	18	10	9	29	23	11	9	11	2
TOTAL ...	35	76	56	205	33	17	14	53	45	18	14	15	3

Four causative organisms were isolated during the year as follows, the remaining cases not being confirmed bacteriologically.

Shigella sonnei ...	201 cases
„ flexner ...	76 „
„ schmitz ...	5 „
„ alkalescense ...	1 case

The outbreak of Flexner dysentery occurred in the Lozells and Hockley areas of the City. The first cases arose in August and October, 1956. At that time in spite of extensive enquiries in the area, no common source was found for the illness. In January 1957, three more cases of Flexner dysentery were notified, the last being a child aged $2\frac{1}{2}$ years of a large Indian family. The six older children of the family, aged $3\frac{1}{2}$ to 10 years, all had had intestinal symptoms in the recent past, and four of these children were found to be excreting Flexner organisms. Six of the children of this family attended the various departments of one school.

In further investigations of the outbreak, forty children from this school were found to have had recent diarrhoea. Stool specimens were obtained from 18 of these and 14 children were found to be infected with the Flexneri organism.

In March five cases of Flexner dysentery were reported from an old persons' home. On investigation there, it was discovered that some 14 or 15 cases of mild diarrhoea had occurred since the middle of February and about nine days before the onset a lady had been admitted to the home, whose married daughter lived in the area of the Lozells outbreak. She was visited very frequently by this daughter who might possibly have introduced the infection.

The association of children at school appeared to have played an important part in the spread of this infection.

There were five cases of infection by *Shigella schmitz*. Four occurred in one of the mental hospitals. The fifth occurred in a child who had recently arrived in this country from abroad.

Shigella alkalescense was isolated from a young Jamaican woman who was admitted to hospital with vomiting.

Encephalitis

(a) Infective encephalitis, presumably of virus origin, was confirmed in 15 patients, 12 of whom died at the following ages :

<i>Males.</i>	2yrs.	3 yrs.	10 yrs.	39 yrs.	44 yrs.	44 yrs.	60 yrs.
<i>Females</i>	11 yrs.	13 yrs.	33 yrs.	44 yrs.	48 yrs.		

The only three who recovered were two boys aged 3 years and 5 years, and a girl aged 6 years.

(b) Post infectious encephalitis is usually a secondary attack upon the brain by the same organism as has already caused an illness such as measles and, during 1957, this occurred in eight cases. Their sex, age and outcome was as follows :—

AGE AND SEX	INITIAL INFECTION	OUTCOME
2 years. M.	Measles	Recovered
2 years. M.	Measles	Recovered
4½ years. M.	Measles	Recovered
4½ years. M.	Measles	Recovered but now has fits.
11 years. M.	Influenza	Died
6 months F.	Measles	Died
13 months. F.	* Measles	Died
54 years. F.	Influenza	Died

* This child was a contact to her brother who developed a measles rash seven days before she became ill. Presumably she was in the prodromal stage of measles and already had developed a cough and discharging eyes.

Food Poisoning

There has been a marked decline in the number of cases notified or ascertained during the past two years. Indeed the total number of 237 in 1957 was the lowest since 1952 when there were only 89 recorded cases.

		1st quarter	2nd quarter	3rd quarter	4th quarter	Total
1955	...	79	225	124	251	679
1956	...	61	56	116	121	354
1957	...	70	64	65	38	237

It is unusual for the 1st quarter of the year to show the heaviest incidence. Most of the 70 cases occurred singly and without bacterial cause being found.

The following is a summary of the outbreaks and single cases which occurred, an outbreak being defined as the whole of the cases either probably or certainly derived from a single contaminating or infecting source.

Outbreaks due to Identified Agents.

Total outbreaks ...	...	10.		Total Cases	63
Outbreaks due to :			Outbreaks	Cases	
(a) Salmonella organisms					
Salmonella typhimurium			3	14	
,, heidelberg	...	...	1	3	
,, bovis morbificans	...	...	1	2	
(b) Staphylococci (including toxin)			1	7	
Unidentified toxin...	...	...	2	32	
(c) Other bacteria (including heavy growths of various types).					
Cl. welchii	...	...	1	3	
Numerous organisms including					
B.Coli Type I	1	2	

Outbreaks of Undiscovered Cause.

Total Outbreaks	7		Total Cases	16
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Single Cases.

Agent Identified	48	Unknown	110	Total Cases	158
Organism	No. of Cases.				
Salm. typhimurium	... 28				
,, non-specific	... 1				
,, var. copenhagen	... 1				
,, var. jena	... 4				
,, B.A.	... 1				
,, heidelberg	... 3				
,, bovis morbificans	... 2				
,, new brunswick	... 1				
,, newport	... 2				
,, meuchen	... 2				
,, johannesburg	... 1				
,, bredeney	... 1				
Oysters (allergic reaction)	... 1				

SINGLE CASES

The actual sources of infection were never found in the 158 single cases although the causal agent was identified in 48 of them. As usual the great majority were *Salmonella typhimurium* infection.

The infection by *Salmonella bovis morbificans* affected a girl aged one year, and her father. The girl's onset was four days before that of her father and he was therefore regarded as a secondary case.

Salmonella bredeney was isolated from one member of a family of three. No one else was affected in any way and faecal specimens from the dog also proved negative.

Three cases of *Salmonella enteritidis* var. *jena* occurred on a hospital ward when two patients and a nurse were affected. This organism was also isolated from a mother much later in the year who developed diarrhoea just after giving birth to a baby.

Salmonella newport was isolated from a man of 55 years and a boy aged 13 months whose illnesses began on consecutive days. Their homes were miles apart and no common factor could be found.

The three cases of *Salmonella heidelberg* occurred on 10th February, 11th and 28th August. Two were children aged one year, and 21 months, and the third a man aged 72. They all lived in widely separate districts and again nothing in common was discovered. The two cases of *Salmonella meuchen* were a woman aged 64 years whose onset of illness was the 4th March and a man of 51 years whose onset was 11th August. There was found no connection between them.

It was a man of 75 years who had *Salmonella new brunswick* isolated from his faeces. Of the six others in the household two were found to be infected but were symptomless.

OUTBREAKS

Ten outbreaks accounted for a total of 63 cases.

Salmonella typhimurium was the causal agent in the illness of five young children in a hostel for homeless mothers and children. It transpired that fourteen days before admission, one child had diarrhoea and was a contact of a child who had recognised *Salmonella typhimurium* infection. The standard of personal hygiene among this family was low. Five children developed diarrhoea during a nine day period but there was no clear evidence as to the path by which the infection spread.

Salmonella typhimurium also caused the illness of five out of seven persons of a family who had eaten pork pie 34 hours previously. No pie remained for examination.

A family of four were infected by *Salmonella typhimurium* when staying on holiday at a hotel where members of the staff also had the infection.

The *Salmonella heidelberg* outbreak affected a father and his two young children. The source of the infection remained undiscovered.

Many thousands of Birmingham houses have extremely unsatisfactory facilities for storage of food and keeping meat in the home is fraught with danger. Two members of a family of three developed diarrhoea due to *Salmonella bovis morbificans* after eating meat which had been cooked three days previously. The house was also infested by mice.

Twenty workers were mildly affected by a toxin type of illness associated with dining at a factory canteen where it was found that meat and stock were prepared and then used over a period of days.

At a small office canteen there was also the practice of partial cooking followed by storage and within five hours of a meal eleven of the diners became ill with abdominal pain, vomiting and diarrhoea, and a further one sixteen hours after dining. All had illness of the toxin type.

Staphylococcal toxin might have been the cause of illness in seven patients of an institution. It was strongly suspected that a most unsatisfactory type of enamel jug, which it was almost impossible to clean properly, had been washed by a man with an unhealed cut on his thumb infected with *staphylococcus pyogenes*. This jug was later used for collecting custard and gravy which were kept hot until served.

All three members of a family were affected with abdominal pain, diarrhoea and vomiting beginning 9 to 15 hours after consuming cold roast lamb which had been cooked two days previously. The meat was found to contain *Clostridium welchii*.

A manufactured custard cake bought the day before consumption was blamed for the illness of only two members in a family of six who had consumed it. Numerous organisms were found in the custard cake including *B. Coli* Type I but examination was not made until three days after purchase.

Influenza

Sixteen general practitioners once again kindly agreed to act as "spotters" when suspected cases of influenza arose in their practices. During the period January to April, 1957, 24 paired specimens of blood were obtained from patients at an interval of 10 to 14 days and were subjected to complement fixation tests. In only one was a positive result obtained and here the titres for influenza "A" and influenza "C" were higher in the specimen of blood taken early in the illness than they were two weeks later.

No further reports of influenza-like illness were received until July when it became evident that quite a number of persons were suffering from such symptoms. Similar reports continued and in September the Principal School Medical Officer and Industrial Medical Officers also reported heavy absences from school and work, certain schools and certain groups of people working together being heavily infected simultaneously.

Wherever practicable throat swabs and paired blood specimens were examined with the following results :—

<i>No. of patients</i>	<i>Serologically positive influenza " A "</i>	<i>" A " type virus from throat swabs</i>	<i>Identified as Asian strain</i>
8	8	8	8
2	—	2	2
5	5	—	—

No other type of influenza virus was being detected at the time and the presumption was that all this type of illness was due to the Asian variety of influenza type " A."

On the 15th August attention was drawn to an outbreak of influenza-like illness at a mental hospital. Over a period of fifteen days 154 cases developed among the 820 patients and the outbreak was particularly interesting in that the hospital had a subsidiary institution some ten miles away where there were 273 patients, 60 of whom, by the 19th August, were affected with the illness. It appeared that the spread from the main institution to the other was via three patients from the main institution, a very few hours before their own illness began, taking deliveries in the stores van. They mixed intimately with patients in the annexe, whose illness began 72 hours later. Some of the patients were acutely ill, but there were only two cases of pneumonia, both at the subsidiary institution. About one third of the patients had a relapse after getting up with pyrexia, headaches and aches and pains and required a few more days in bed. Paired blood specimens and throat swabs from five patients gave results which indicated an active infection with influenza virus type " A"—Asian variety.

Typical of the manner in which industry was affected was the following incident :—

Early in September the Welfare Officer of a small factory stated that eleven of his workpeople were off with " flu." Paired blood and throat swabs were obtained from two of the employees and these also proved to be influenza type " A " of the Asian variety.

On September 10th the Medical Superintendent of the Mental Hospital mentioned above stated that forty children who had returned from holiday at home had " flu." Here again results indicated an infection by influenza type " A"—Asian variety.

Thirteen boys in a remand home were also notified as suffering from influenza. Results of throat swabs from two patients however proved negative but paired blood samples gave results which indicated an active infection with influenza type " A " and a past infection with influenza type " B."

As from the 17th September, 1957, many doctors in various parts of Birmingham reported that there appeared to be quite a large number of their patients suffering from influenza-like symptoms. The incidence among school children particularly was high. At one time 49,352 children were away from primary and secondary modern schools out of 157,000 children—31.4%. The normal absentee rate for this time of the year would be approximately 10%.

See also page 39.

Influenza Vaccination

In September, 1957, the Ministry of Health offered a supply of vaccine designed to give protection against the Asian type of influenza to certain groups of doctors, nurses and others especially exposed to infection and on whom any epidemic places an exceptionally heavy burden.

Local health authorities were therefore asked to make vaccine available to general practitioners, and to those members of the local authority staff who care for the sick in their own homes. Separate arrangements were made through the Hospital Service for the supply of vaccine for hospital staff.

Vaccination consisted of two injections at an interval of a month, of a killed vaccine prepared from the Asian strain of Influenza Virus "A," isolated early in 1957 from cases of influenza in the Far East.

First supplies of vaccine were received early in October and by the end of the year the following numbers of eligible doctors and staff who wished to avail themselves of the opportunity had been vaccinated with two injections :—

General practitioners	...	...	...	...	176
Home helps	...	...	...	...	109
Home nurses	...	...	...	...	88
Midwives	...	...	...	...	78
Ambulance staff	...	...	...	...	71
Health visitors	...	...	...	...	60
School health staff	...	...	...	...	58
TOTAL					640

REACTIONS

Prior to inoculation each person was questioned concerning allergic history, attacks of hay fever, asthma, or eczema, and specially about sensitivity to egg or chicken protein.

In general, local reactions were fairly common taking the form of a swelling and/or redness and pain at the site of injection. Quite a few of the staff stated that they experienced symptoms similar to the onset of a heavy cold on the day following the injection, but these cleared up in 12 to 24 hours.

None of the foregoing could be regarded as serious but two of the staff experienced a tense swelling of the arm below the site of injection. This extended from just above the elbow down to and included the back of the hand, but did not actually involve the injection site, which remained normal. The back of the other hand was also swollen. Inguinal lymph glands were moderately enlarged and an urticarial type of rash appeared over the inguinal and lower abdominal areas. In one case, the swelling of the arm resolved itself into a large vesicle which eventually ruptured. There was considerable constitutional disturbance but no previous allergic history in either case.

Malaria

5 notifications were received during 1957 and all infections were contracted abroad.

Measles

The bi-annual periodicity of measles epidemics was continued for in 1957, 18,139 cases were notified. The year 1955, however, still remains the highest so far on record when notifications reached 24,714.

Notifications were at their peak in the week ending 27th April, 1957, when there were 1,239 cases.

There were six cases of measles post infectious encephalitis and two died.

No other deaths were due to or associated with measles.

Meningococcal Infection

Although 201 notifications of this condition were received during 1957, in only 22 cases was the diagnosis confirmed. No connection was discovered between the patients.

The notifications were revised to a large variety of other causes, but mainly respiratory infections and meningitis of other types.

The age and sex of the 22 confirmed cases of meningococcal infection were as follows :—

<i>Males :</i>	4 months	6 months (two)	9 months (died)	10 months (died)
	1½ years	2 years	3 years	4 years (died)
	5 years	6½ years	7 years	38 years.
<i>Females :</i>	2 months	5 months	9 months	2 years (two)
	6 years	9 years	56 years (died)	56 years (died)

There were five deaths, three in boys under 5 years and two in women both aged 56 years.

Paratyphoid Fever

During the year six cases arose in Birmingham. There were no deaths.

A man and his wife were suddenly taken acutely ill on the 4th June, 1957, and Salm. paratyphi B, type I, was isolated from the faeces of both and the urine of the woman.

Had it not been that the illness started suddenly in each patient on the same day it might have been suspected that the infection arose from the woman being employed in an infectious diseases hospital laundry. No definite source of the infection was however found, but it was noted that the couple were in the habit of consuming imported lettuce.

An apparently completely isolated case of paratyphoid arose in a baby girl aged five months who was admitted to hospital on 11.8.57 apparently suffering from gastro enteritis. Repeated stool specimens were taken in hospital and, after being there as a patient for four weeks, quite unexpectedly Salm. paratyphi B, phage type I was isolated. There had recently been a patient from another area in the hospital with the same infection. No one at the child's home was infected.

Three cases arose in a mental hospital—one of the patients being first affected on 10th October during the course of an outbreak of influenza. Because of difficulty in diagnosis she was not recognised as suffering from paratyphoid until a fortnight later. In the course of the search for carriers or associated cases it transpired that the Ward Sister who lived out was off duty through illness. Investigation, with a diagnosis of paratyphoid in mind, confirmed that she was in fact suffering from this disease and her onset was two days after that of the patient, the assumption being that the Ward Sister and patient had been infected at or about the same time and by the same food. The Assistant Nurse, employed on various wards as a relief, became ill on 6th—7th November and was found to be suffering from paratyphoid. It was very likely that she had attended to the toilet of the original patient before the nature of the illness had been ascertained.

The paratyphoid organism isolated from the stools of each of these three women was of phage type I.

Pneumonia

There was a rise in pneumonia notifications during 1957—784 cases as compared with 632 during 1956 but there were 865 in 1955, 788 in 1954 and 1,186 in 1953.

The Public Health (Infectious Diseases) Regulations, 1953, make notifiable pneumonia only when the disease is primary, or when it occurs as the result of an attack of influenza. There were 534 notifications of primary pneumonia and 250 of the type following influenza.

The age incidence was :—

Age	0—	1—2	3—4	5—9	10—14	15—19	20—24	25—34	35—44	45—54	55—64	65—74	75+	Total
Notifs. of :— Primary Pneumonia	19	23	27	43	19	19	13	35	49	83	80	67	57	534
Pneumonia following Influenza	14	8	5	10	6	9	5	23	25	35	44	36	30	250

The monthly incidence is given below.

Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Notifs. of :—												
Primary pneumonia	53	49	80	55	40	30	30	10	34	74	22	57
Pneumonia following influenza	19	13	16	14	5	6	4	4	22	93	28	26

By far the commonest type of pneumonia, however, is broncho-pneumonia and it is not notifiable unless occurring after influenza.

Deaths from all types of pneumonia however totalled 492 the age distribution being as follows :—

0	1	2—	5—	15—	25—	45—	65—	75—	Total
48	4	1	2	2	18	105	124	188	492

This disease is therefore a major cause of death in the elderly and in infants.

The proportion of pneumonia notifications over the age of 65 years was 24.2% but the proportion of deaths from pneumonia in this age group was 63.4%.

See also page 38.

Poliomyelitis

Although 112 notifications of this disease were received only 30 of these were confirmed. In addition, however, 5 were found to be suffering from poliomyelitis who had originally been diagnosed as meningitis (3), tuberculous meningitis (1), hernia and chickenpox (1).

The total confirmed cases was therefore 35 (25 paralytic and 10 non-paralytic) as compared with the following numbers in previous years.

		1953	1954	1955	1956	1957
Paralytic	...	27	11	68	6	25
Non-paralytic	...	13	6	16	1	10
TOTAL	...	40	17	84	7	35

One male aged 24 years with paralytic poliomyelitis died.

The following was the age distribution :—

<i>Age</i>	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35+
MALES :								
<i>Paralytic</i>	7	4	1	1	1 Died	1	3	1
<i>Non-paralytic</i>	3	2	3	—	—	—	—	—
FEMALES :								
<i>Paralytic</i>	2	3	—	—	1	—	—	—
<i>Non-Paralytic</i>	1	—	—	—	—	—	—	1

Thirteen patients were under five years of age and a total of twenty six were under fifteen years of age. Hence the rationale of offering protection by vaccination to children in the first instance, particularly those under five years of age.

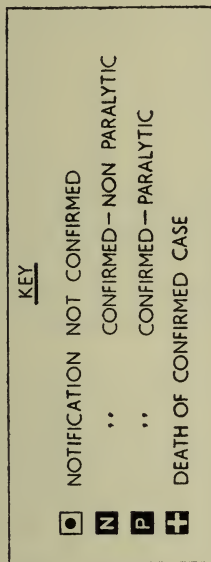
A boy aged 9 years who received his vaccinations on 27th August and 26th September, 1957, in the left arm developed paralytic poliomyelitis, the onset being 27th October. The right shoulder and left buttock were paralysed. An investigation some weeks later revealed that there was no residual paralysis but the patient still used a stick in walking.

Association between cases was noted only in three instances. A boy aged 3 years became ill on 17th July and developed paralysis of the legs. His mother aged 39 was taken ill on 26th July and was diagnosed as a case of non-paralytic poliomyelitis. The stool specimens of both patients were negative but both had a positive complement fixation test for poliomyelitis virus Type 3 on admission to hospital.

In the case of a boy aged 4 years, the onset of whose illness was 9th August and who was admitted to hospital on the 14th August, infection by poliomyelitis virus type 1 was detected by examination of his blood. He had paralysis of the left arm and left leg. On 16th August his father aged 33 also developed the disease—with transient paralysis of the legs. Two of his stool specimens were negative and no complement fixation test was carried out.

A resident hall porter at an hotel outside Birmingham visited his home within the City daily. For four consecutive days he was feeling as if about to suffer an attack of influenza. Three days later he was severely paralysed and rapidly succumbed. His daughter aged 2½ years had symptoms like those of a cold seven to ten days prior to her father complaining of his initial symptoms. A stool specimen from her contained poliomyelitis virus type 3 and, although she developed no further symptoms, a boy playmate aged 3 years developed paralytic poliomyelitis a month after the death had occurred.

POLIO MYELITIS 1957.



PATIENTS
13
12
11
10
9
8
7
6
5
4
3
2
1

JAN: FEB: MAR: APR: MAY: JUNE: JULY: AUG: SEPT: OCT: NOV: DEC

The following positive laboratory findings were obtained from poliomyelitis cases :—

				<i>Pos. Blood Agglutinations</i>	<i>Virus from stools</i>
<i>Paralytic</i>					
Type 1	...	...	...	1	—
„ 2	...	...	...	—	—
„ 3	...	...	...	1	—
No information as to type				—	1
<i>Non-paralytic</i>					
Type 1	...	...	...	—	2
„ 2	...	...	...	—	2*
„ 3	...	...	...	4	1
No information as to type				—	—

*In one of these patients complement fixation tests on admission were negative to all Types of virus ; on discharge they were positive to Type 1, but poliomyelitis virus Type 2 was isolated from the stools.

Faecal specimens were examined from twelve contacts of cases but in only two instances was poliomyelitis virus isolated ; Type 3 in each case.

Vaccination Against Poliomyelitis

At the end of 1956, owing to very restricted supplies of vaccine, there were still some 38,000 unvaccinated children born between 1947 and 1954 inclusive, whose parents had requested vaccination against poliomyelitis early in 1956. The Department received vaccine at intervals of approximately 4 to 6 weeks throughout 1957 and those outstanding requests for vaccination were gradually dealt with. The work carried on throughout the whole of the year, in contrast to 1956, when vaccination was suspended from July to November ; the experience in other countries of vaccination at various times of the year having been reviewed and no evidence discovered of poliomyelitis being provoked by the injections given at times when the disease is prevalent.

In May a circular from the Ministry of Health advised that the next age group to be offered vaccination were children born in 1955 and 1956. All parents in the City with children born in those years were circularised and invited to register for vaccination. Out of a total of 31,863 eligible children in this age group 16,546 (51.8%) were registered for vaccination by the end of the year.

A total of 34,446 children in the age group 1947 to 1956, both years inclusive, was completely immunised with two injections, during 1957. The following table gives the number immunised by year of birth :—

<i>Year of Birth</i>	1956	1955	1954	1953	1952	1951	1950	1949	1948	1947	<i>Total</i>
Number Immunised	157	191	403	601	832	2,374	6,546	7,385	7,592	8,365	34,446

These immunisations were carried out mainly at schools and infant welfare centres throughout the City ; 31,710 children of school age receiving their treatment at one or other of 218 primary or nursery schools, 4 special schools, 2 open air schools, 2 occupation centres or 2 children's homes or by attending at infant welfare clinics or at the Health Department.

The 1,226 children not yet attending school were immunised when the teams made 117 visits to 47 welfare centres or to day nurseries or by 457 of the children attending clinics held in the Health Department.

Thus, since the commencement of poliomyelitis vaccination in May 1956, a total of 39,010 children have been immunised with two injections. In November, the Ministry intimated that, while the offer of vaccination of children born in 1947—1956 was to remain open, a continuing offer was also to be made for children born in 1943—1946 inclusive, to children born in 1957 who had reached six months of age and to expectant mothers. Canadian and American Salk vaccine, which had passed the stringent British tests, would be imported to enable the extended programme to be carried out.

Administrative arrangements were made to offer vaccination, either by British or Salk vaccine, to the 260,000 persons now eligible and who had not yet been vaccinated. The assistance of general practitioners was especially sought and the advantage of being vaccinated by the family doctor was publicised.

REACTIONS

No serious reaction of any kind was encountered. A few children developed a mild and fleeting urticarial rash within 3 days following the injections but it was never clear whether this was really due to the vaccine.

Similarly, a few children developed a temperature of 99° F.—100° F. a day or two after the inoculations. No cause could be detected, other than a possible reaction to the vaccine. The temperatures returned to normal within 24 hours, with very little or no constitutional disturbance.

Scabies

520 persons reported to the Scabies Clinic, Bacchus Road, for treatment—179 males, and 341 females and children.

65 school children were known to have scabies in 1957 and they were given treatment by the School Health Service.

TREATED BY:

<i>Health Department</i>				<i>School Health Service</i>
1957	...	...	540	65
1956	...	...	496	99
1955	...	...	382	104
1954	...	...	328	96
1953	...	...	423	68
1952	...	...	438	147

Scarlet Fever

The following notifications have been received during the past five years :—

1957	1956	1955	1954	1953
782	612	899	898	1,425

During the period only one death occurred and that was in 1956.

The age group 5—9 accounted for 57% of the patients in 1957.

The week ending 6th April had the highest number of notifications i.e., 29 and the week ending 10th August the lowest—3.

Smallpox

There were no cases of smallpox in Birmingham during 1957 but surveillance was required over a period of 21 days for two persons. One was a man who travelled by plane with a passenger who later developed smallpox ; the other was a service man who had arrived from an area of smallpox risk.

Smallpox Vaccination

The 10,558 persons vaccinated for the first time in 1957 and 2,951 persons who were re-vaccinated were of the following ages :—

<i>Age at date of vaccination</i>	<i>Under 1 year</i>	<i>1 year</i>	<i>2—4 years</i>	<i>5 to 14 years</i>	<i>15 years and over</i>	<i>Total</i>
Number vaccinated ...	8,506	362	437	459	794	10,558
Number revaccinated	—	—	65	225	2,661	2,951

The number of persons vaccinated each year during the past five years has been :—

	1953	1954	1955	1956	1957
Primary Vaccination					
Under 1 year ...	6,896	7,582	7,634	8,034	8,506
1 year and over ...	1,342	1,128	1,075	1,182	2,052
Revaccinations	2,495	1,683	1,673	2,113	2,951

These figures include those vaccinations performed specifically to enable persons to travel abroad. (See International Certificates of Vaccination).

Primary vaccinations under one year expressed as a percentage of live births occurring during the year :—

1953—37·1% 1954—41·5% 1955—42·9% 1956—43·5% 1957—44·9%

Comparable figures for England and Wales for year ending June, 1954—34·5%, 1955—36·4%, 1956—38·4%, 1957—43·0%

Typhoid

A man aged 55 years, a vegetarian, was taken ill on 17th January and from his stool was isolated *Salm.typhi* Vi phage type 38. This appeared to be an isolated case. Special enquiry was made as to shell-fish consumption, as infection by this particular organism has been associated with that food. Results of enquiry, however, were negative.

Venereal Disease

	<i>Name of Hospital or Clinic</i>	<i>Syphilis</i>	<i>Gonorrhoea</i>	<i>Other Conditions</i>
No. of cases under treatment on 1st January, 1957	General	965	581	571
	Children's	—	—	4
	Summerfield	17	—	—
	TOTALS	982	581	575
New cases coming under treatment during 1957	General	209*	1,258	2,539
	Children's	—	—	32
	Summerfield	5	—	—
	TOTALS	214*	1,258	2,571
Total number of attendances during 1957	General	20,838	7,185	9,681
	Children's	—	—	60
	Summerfield	802	—	—
	TOTALS	21,640	7,185	9,741
No. discharged after completion of treatment and/or observation	General	90	551	2,121
	Children's	—	—	20
	Summerfield	—	—	—
	TOTALS	90	551	2,141
No. transferred to other centres	General	53	83	29
	Children's	—	—	16
	Summerfield	2	—	—
	TOTALS	55	83	45
No. who ceased to attend before completion of treatment and/or observation	General	111	556	155
	Children's	—	—	—
	Summerfield	6	—	—
	TOTALS	117	556	155

*Seven had congenital syphilis and came under treatment at the following ages :— under 1 year (2) ; 5 and under 15 years (1) ; 15 years and over (4).

**NUMBERS OF NEW CASES OF VENEREAL DISEASES IN BIRMINGHAM
RESIDENTS TREATED YEAR BY YEAR SINCE 1950.**

<i>Year</i>	<i>Syphilis</i>	<i>Soft Chancre</i>	<i>Gonorrhoea</i>	<i>Other conditions</i>
1950	295	—	462	2,978
1951	208	—	525	2,366
1952	188	—	676	2,364
1953	148	—	571	2,352
1954	135	—	446	2,275
1955	156	—	463	2,431
1956	188	—	875	2,492
1957	192	—	1,138	2,213

Whooping Cough

Only 2,191 patients were notified during 1957 as suffering from whooping cough as against 4,563 for the previous year, 2,955 in 1955, 4,112 in 1954 and 6,049 in 1953. In 1957 13% were under 1 year and 68% under 5 years of age.

As usual the cases were spread throughout the year, the week ending 8th February having the highest number—96, and the week ending 8th November the lowest—9.

Three children died, their ages being three months, four months and six months. The three months old baby had been infected by an older child. Its parents had made a clean home in a back house. Whooping cough was complicated by bronchopneumonia.

The four months old baby had been prematurely born. It was an only child and its home also was one clean room of which the parents were sub-tenants.

The six months old child appeared to be progressing favourably under quite satisfactory conditions but death occurred unexpectedly from pneumonia.

Whooping Cough Immunisation

See Diphtheria immunisation.

Public Health (Aircraft) Regulations 1952

The number of aircraft which arrived at Elmdon Airport during 1957 from outside the "excepted area" was—171. This was an increase over 1956 when only 120 planes arrived.

Health control was carried out uneventfully.

International Certificates of Vaccination

Under the International Sanitary Regulations 1952, 7,587 International Certificates of Vaccination against Smallpox, Cholera, Typhoid and Paratyphoid, were checked, stamped and countersigned during 1957.

The number of certificates dealt with in preceding years were :—

<i>1952</i>	<i>1953</i>	<i>1954</i>	<i>1955</i>	<i>1956</i>	<i>1957</i>
1,419	2,756	3,089	3,291	4,113	7,587

INFECTIOUS DISEASES 1957.

Confirmed Cases

AGES

DISEASE	Sex	0-	1-2	3-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65-74	75 up	Totals
Diphtheria	M. F.	— —	— —	— —	— —	— —	— —	— —	— —	— —	1 —	— —	— —	— —	1 —
Dysentery	M. F.	24 11	47 29	32 24	112 93	15 18	7 10	5 9	24 29	22 23	7 11	5 9	4 11	1 2	305 279
Encephalitis Acute Infective	M. F.	— —	1 —	2 —	1 1	1 2	— —	— —	— 1	3 1	— 1	1 —	— —	— —	9 6
Encephalitis Post Infectious	M. F.	— 1	2 1	2 —	— —	1 —	— —	— —	— —	— —	— 1	— —	— —	— —	5 3
Erysipelas	M. F.	— —	— —	— —	— —	— 3	1 3	3 1	3 5	13 5	15 14	11 19	7 11	5 4	58 65
Food Poisoning	M. F.	13 5	14 11	2 12	7 10	11 11	11 8	9 9	19 23	21 16	7 5	4 3	2 2	1 1	121 116
Malaria	M. F.	— —	— —	— —	— —	— —	— —	— —	2 —	1 —	1 —	1 —	— —	— —	5 —
Measles	M. F.	361 350	2,226 2,008	2,701 2,541	3,850 3,844	75 94	10 19	11 18	11 10	1 7	1 —	1 —	— —	— —	9,248 8,891
Meningococcal Infection	M. F.	5 3	2 2	2 —	3 2	— —	— —	— —	— —	1 —	— —	— 2	— —	— —	13 9
Ophthalmia Neonatorum	M. F.	312 273	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	312 273
Paratyphoid Fever	M. F.	— 1	— —	— —	— —	— —	— —	— —	— 2	— 1	1 1	— —	— —	— —	1 5
Poliomyelitis Paralytic	M. F.	— —	3 2	4 —	4 3	1 —	1 —	1 1	4 —	1 —	— —	— —	— —	— —	19 6
Poliomyelitis Non-Paralytic	M. F.	1 1	1 —	1 —	2 —	3 —	— —	— —	— —	— 1	— —	— —	— —	— —	8 2
Pneumonia	M. F.	17 16	16 15	13 19	23 30	13 12	18 10	6 12	25 33	33 41	69 49	88 36	47 56	36 51	404 380
Puerperal Pyrexia	M. F.	— —	— —	— —	— —	— —	— 35	— 99	— 155	— 22	— 1	— —	— —	— —	— 312
Scarlet Fever	M. F.	1 1	35 27	84 85	210 239	35 42	3 4	1 3	4 3	2 —	— 1	1 —	— 1	— —	376 406
Smallpox	M. F.	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
Typhoid Fever.....	M. F.	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	1 —	— —	— —	1 —
Undulant Fever	M. F.	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
Whooping Cough	M. F.	153 142	293 313	267 313	315 339	22 16	2 4	— —	— 4	1 5	— —	— 1	1 —	— —	1,054 1,137

LABORATORY SERVICES

(a) Analytical Laboratory

The establishment of scientific staff of the Analytical Department remains at 15 members, but recruiting difficulties, particularly with respect to juniors, resulted in a shortage of personnel throughout the whole of the year. Even at the beginning of 1958 there were a senior appointment and two junior ones still vacant. Qualifications possessed by the effective staff ranged from University graduateship to Fellowship of the Royal Institute of Chemistry, and two of the juniors were in training for the Associateship of the latter.

The total number of samples of all kinds received during the year was 9,920. Of these, 5,580 were submitted by the Sampling Officers (four in number) appointed under the provisions of the Food and Drugs Act, 1955. Miscellaneous articles of many kinds, received from Corporation Departments and from private sources, accounted for a total of 3,664, while samples analysed in connection with the special drug sampling scheme described in last year's report numbered 676. The Health Department was inevitably the chief contributor to the record total of miscellaneous samples, but, as in previous years, substantial numbers were received from the Water, Central Purchasing, Food Inspection, Housing Management and Parks Departments. Hospital Management Committees and other public bodies, private organisations and persons were responsible for the remaining proportion.

Samples of foods taken under the provisions of the Food and Drugs Act numbered 5,026, and of these 2,954 consisted of milk. Seventy-seven of the milk samples were so called "appeal-to-cow" samples, taken at farms for the purpose of comparison with samples taken from farmers' churns. Of the remaining 2,877, specimens from farmers' supplies accounted for 2,482 and 395 consisted of bottled sterilised or pasteurised milk sold by retail. The reason for this preponderance of milk samples is sufficiently obvious; the commodity is the most important single foodstuff and, furthermore, can readily be adulterated by the simple addition of water or deprived of part of its nutritive quality by skimming.

No fixed standards of composition are prescribed by the Food and Drugs Act, but limits for the percentages of fat and of non-fatty solids are laid down, below which milk is presumed to have been watered or skimmed. The limits are set at 3.0% for fat and at 8.5% for solids-not-fat, and these values are exceeded by the great majority of milk samples, but on occasion milk which is genuine in the sense that it is in the same condition as given by the cows, may be of poorer quality. The determining factor in such cases may be the breed of cows concerned,

the quality or quantity of the fodder supplied, or, in the case of fat content, unequal intervals between milkings. It is a relatively simple matter to distinguish between a specimen containing, say, 8·2% solids-not-fat due to physiological or dietary causes and another of the same composition obtained by the dilution of a richer milk with water. The method adopted is the determination of the freezing point of the sample. Genuine milk, i.e. not tampered with since its withdrawal from the cows, has a freezing point within the range $-0\cdot530^{\circ}\text{C.}$ to $-0\cdot560^{\circ}\text{C.}$ and an average value of $-0\cdot545^{\circ}\text{C.}$ The addition of water (freezing point 0°) has the effect of raising this figure nearer to zero by an amount proportional to the quantity of water added, and the extent of dilution can therefore be determined with considerable accuracy, particularly if, as is normally the case, the freezing point of the original milk is known. A further advantage of the method is that the day-to-day variations of the freezing point of the milk of a herd of cows are of the order of a few thousandths of a degree, so that the amount of added water in a sample may be calculated by reference to a sample taken from the cows several days later. The farmer and retailer also benefit, since, if the milk they sell is deficient in non-fatty solids merely from physiological causes, the determination of the freezing point will immediately absolve them from any suspicion of having adulterated it with water.

Three hundred samples of milk (10·4% of the whole, excluding appeal-to-cow samples) were deficient in either fat or solids-not-fat; of these 154 were deficient in non-fatty solids only, 117 in fat only and 29 in both constituents. Thirty-nine samples actually contained added water, the deficiencies in non-fatty solids in the remaining 144 samples being due to other causes.

The average composition of all the samples, again excluding those taken at farms, was solids-not-fat 8·77%, fat 3·68%, giving a total solids of 12·45%. This is the highest figure since 1936, when it stood at 12·51%.

During the year it was found necessary to prosecute two farmers for the sale of watered milk. In the first of these cases the milk in respect both of fat and non-fatty solids was of atrocious quality. The supply was sampled over a period of four days, and the results of analysis for the first two days proved the presence of water in seven churns in amounts ranging from 26% to 41%; the deficiencies in fat content were of similar proportions. Some improvement was manifest in the samples taken on the third and fourth days, but even in these from 4% to 12% water was present, although the percentage of butterfat had risen considerably. A visit was paid to the farm when the time honoured excuse of a leaky cooler was once more put forward by the farmer, although he himself admitted that the apparatus had not been used during most of the time the samples were being taken. The appeal-to-cow sample taken during the inspector's visit was of excellent quality. Prosecution resulted in the infliction of a fine of £28.

The analysis of two "informal" samples initiated the second case ; one of these contained 18% extraneous water, and a week later official samples were taken, one of which was adulterated with 9% water, while the other was genuine milk. On the next day also one of two samples contained 7% water. The milk delivered in Birmingham on the third day was of first-class quality. The farm was visited ; the owner was a producer of 40 years' standing, who had allowed his cowman a free hand and held him responsible. Despite this, he was apparently not prepared to take advantage of Section 113 of the Food and Drugs Act, which allows a defendant to institute proceedings against a person alleged to be responsible for adulteration, and so avoid unpleasant consequences to himself. He pleaded guilty to summonses for having sold adulterated milk and was fined a total of £10.

The milk supplied by another farmer was sampled over a period of four days ; the 15 samples taken on the first three days, with two exceptions, contained 6—8% water, but on the last day the contents of four churns were all genuine milk. In this case the culprit was an Italian farm worker who had too readily assumed that his employer would be "much pleased" by an increase in the yield, but explained that he had in fact only added a "little bit" of water. The farmer's story was corroborated by the local secretary of the National Farmers' Union, and your Committee decided in view of the exceptional circumstances not to take proceedings.

A long series of samples was taken from the churns supplied by another farmer to a local dairy company. From seven to nine churns were sent daily and, of a total of 52 samples, 34 contained less than 3.0% fat and 11 from 3.0% to 3.3%. Fourteen actually contained less than 2.5% and two less than 2.0%. The farm manager, a man of experience, had already consulted two Agricultural Advisory Officers and had tried an astonishing variety of cattle foods and adjuncts in attempts to improve the quality. The only apparent result was to raise the solids-not-fat figure to some extent, and the butterfat percentages remained obstinately low. The farmer eventually made a request for the testing of the supply from individual cows and, in the event, it was arranged that sampling officers should visit the farm, take samples and estimate yields from every cow in the herd at both evening and morning milkings. Sixty-four specimens, including several from the bulked milk, were obtained from the produce of 27 cows and while the non-fatty solids were with few exceptions well above the presumptive limit, the majority of the fat contents, particularly of the morning milk, were extremely low, in two cases as little as 1.0% and 1.3%. The average fat in the bulked morning milk was only 2.65% and in the evening milk 3.1%. The unfortunate manager was prepared to introduce a few Channel Island cows into this exclusively Friesian herd in order to increase the average fat content ; his attention was in the meantime called

to the fact that eight cows were giving consistently wretched milk, both morning and evening, and it was suggested that he take veterinary advice about the wisdom of retaining these animals in the herd.

Another case, not involving legal proceedings, was concerned with the small amounts of water left in churns after washing them out. Instead of inverting them, the churns were left in their normal upright positions and inevitably quantities of water of the order of $\frac{1}{2}$ to 1 pint remained, which was mixed with the produce of the next milking. If only 1—2 gallons of milk was put into the churns, as happened on three occasions, the percentage of water present was sufficient to affect the freezing points, but if the churns were filled with milk the freezing point was not noticeably altered. After a visit had been paid to the farm, the owner agreed to invert his churns after washing and so prevent the dilution of milk.

Ninety-eight farmers received letters of caution in respect of 258 samples, and no administrative action was taken in the cases of 24 farmers responsible for 24 samples. This was usually due to the fact that other samples from the same consignments were of sufficiently good quality to bring the composition of the whole bulk up to a reasonable standard. Fat deficiencies were mainly due to the now established practice of milking cows at unequal intervals, with the result in many instances that the evening milk is exceptionally rich in fat and the morning milk correspondingly poor. In some few cases farmers were willing and able to arrange to have the cows milked a little earlier in the morning, and so to make the fat contents of the two milkings more nearly equal, but the economic difficulties in the way of such a solution are obvious. In cases where the analytical figures warranted the step, farmers were recommended to consult the local Agricultural Advisory Officers on questions of feeding and general maintenance and, in a number of cases where it was possible to check the results, improvement in quality resulted.

Food and drug samples, other than milk, taken by the Sampling Officers under the provisions of the 1955 Act, numbered 2,626, and of these 2,072 were classed as foods and 554 as drugs. Thirty-nine articles of food were adulterated, of poor quality or misdescribed. As usual, a number of these had suffered from deterioration caused by carelessness or the mere passage of time. Included among them were articles such as soured cream, lemon juice containing white moulds, minced chicken packed in a glass jar and in an advanced stage of decomposition, orange drinks which had fermented and were on the way to becoming excisable articles, and oatmeal containing uninvited grubs and moths. Most of these cases were referred to the Food Inspection Department and, when necessary, stocks were surrendered and destroyed.

Sausages, as usual, provided a number of incidents. Twelve samples were found to be deficient in meat content, including some which,

although sold as pork sausage, contained meat in amounts appropriate only for beef sausage. Variety was provided by the reasons or excuses tendered for deficiencies of meat, among which the actual mixing process appeared to be the chief. There is no sign at the moment of the implementation of the recommendations of the Food Standards Committee on sausage, published in May, 1956, which among other things recommended the provision of minimum standards for meat content of 65% and 50% for pork and beef sausages respectively, although it is manifest that the best housewives cannot tell either by inspection or otherwise how much meat is present in these articles.

A number of samples of flour were examined in the light of the provisions of the Flour (Composition) Regulations, 1956, which require the presence in specified amounts of the specific nutrients iron, vitamin B₁, and nicotinic acid in all flour and of prepared chalk in all flour other than wholemeal. Three samples proved to be deficient in chalk, the quantity of which should be within the limits of 235–390 milligrams per 100 gms. of flour. The reason for the deficiency was in each case the sale of old stock, acquired before the coming into force of the Regulations, and subsequent samples proved to be satisfactory.

Offences against the Public Health (Preservatives, etc, in Food) Regulations occurred in the case of such products as dried onions, flavouring essence and candied peel, in which excessive amounts of a permitted preservative were present. A number of articles, among which were malt vinegar, junket tablets, salmon spread, and a hurriedly distributed Christmas delicacy consisting of a mixture of peanuts and raisins, were insufficiently labelled or were misdescribed, and some interesting correspondence was carried out with the manufacturers of certain biscuits and of marzipan substitute relative to composition and to the method of description.

A survey of 17 breakfast cereals provided some edifying information regarding composition, which varied considerably in respect of cereal matter, sugar, protein, etc. More intriguing than the edible contents, however, were the adjuncts, usually wrapped in waxed envelopes, intended to catch the eyes of the junior members of the family, and one can imagine a small boy selecting his meal on the merits of plastic model guns or rockets rather than on the kind of flavour of the cereal provided.

Other foods unfavourably reported upon for various reasons were quinine tonic water, steak and kidney pie, tea, beef suet and flour, and British wine, and in each case suitable action was taken.

Twenty-two drugs, out of a total of 554, were of substandard quality or misdescribed. Samples of ammonia were deficient in the stated ingredient by reason of unsatisfactory types of closure or of overlong storage, and the vendor's name and address did not appear on another sample contrary to the provisions of the Pharmacy and Poisons Act, 1933. Of

two specimens of health salts, one was no longer capable of effervescence, and instead of being in the necessary finely powdered condition was a solid block, as indeed was the pharmacist's entire stock of the preparation. The other sample, although "recommended as a medicine" (to keep the liver clean!), carried no declaration of ingredients, as required by the Pharmacy and Medicines Act, 1941.

A sample sold as bismuth indigestion tablets under a brand name was unsatisfactorily labelled in that the bismuth carbonate was merely 1.25%, in spite of the prominence given to the ingredient in the title. The remaining active ingredients, mainly chalk, magnesia and bicarbonate of soda, totalled 33.25%. The manufacturers suggested two modifications of the label, neither of which was satisfactory, since the word "bismuth" was still given undue prominence, and the matter was finally referred to the Association of The British Pharmaceutical Industry for discussion.

A deplorable specimen of cod liver oil, having a vitamin A activity of less than 100 international units per gramme (the official minimum value is 600 i.u.) and having an unpleasant rancid odour, was packed in a clear glass bottle, in spite of the B.P. direction that the oil must be protected from light. This oil was part of a "clearance offer" sold to the retailer by a wholesale firm with whom he had dealt for twenty years.

Eye lotion tablets were advertised on the carton as containing 0.33% adrenaline and on the bottle as 0.5%. Neither statement was correct, the actual content being 1.0%. These proved to be stock manufactured about 1949, just before a fire in the factory, and the probable explanation of the differing declarations was that the carton was one of the few salvaged from the fire, and had been allowed to go out without a sticker label affixed to indicate the increased adrenalin content or else the label had come off in transit. The content of 1% was less easily explained, but might have been due to imperfect batch mixing. The entire stock of the pharmacist from whom the sample was bought was later returned to the makers and, incidentally, this included five "travelling compacts" which had last been issued in 1946! Thirty-nine bottles of the faulty material, also returned, were destroyed and replaced.

A sample of a proprietary brand of glucose bore a declaration of a content of $4\frac{1}{3}$ grains of calcium glycerophosphate per ounce, but in fact only 0.15 grain per ounce was present. The manufacturers could only explain the deficiency on the assumption that the glycerophosphate had been accidentally omitted from one of the mixings.

Other drugs not complying with official standards were acacia gum, spirit of camphor, phenacetin tablets, soluble aspirin tablets, a "lactation food" and a solution of potassium bromide. Suitable action taken in each case led to the correction of all the errors made.

The scheme agreed upon in March, 1956, by which it is now possible to sample the important modern drugs of the Pharmacopoeia, irrespective of their inclusion in the list of scheduled poisons, has been operated throughout the year with great success and to the satisfaction of both the pharmacists and the laboratory. It has undoubtedly been the means of improving the supply of drugs to consumers and will equally be of increasing value with each year that passes. The essential feature is the procurement of samples by a pharmaceutically qualified member of the laboratory staff, who is allowed to go "behind the counter" and can concentrate on articles likely to be of importance or interest. Series of samples of a particular drug or class of drugs are taken from the whole or a large proportion of dispensaries in the City, and from these can be obtained a good idea of the quality of the drugs supplied to retailers by the wholesale drug houses. During the year 676 specimens were obtained in this way, in spite of an acute shortage of staff over a large part of the year. Reports on the large and important group of tablets of sulphonamide preparations, of the anti-tuberculous drugs, p-aminosalicylic acid and isoniazid, and finally of official ointments and allied preparations, were submitted to the Health Committee. Results of analysis and, where necessary, comments on the samples received were sent to the pharmacists concerned, and it is understood that the latter will take appropriate action when they receive adverse reports on quality.

Twelve samples of fertilisers and nine of feeding stuffs, taken by the inspector appointed under the Fertilisers and Feeding Stuffs Act, 1926, were analysed on behalf of the Smallholdings Committee, who administer the Act.

Miscellaneous samples of types other than the above numbered 3,664. Pasteurised milk accounted for 1,769 specimens, 1,395 of which were submitted by Birmingham Health Department and the remainder by neighbouring local authorities with which special arrangements have for some years been in operation. Three samples from Sutton Coldfield had suffered from some small technical defect in processing, but all the others had been adequately treated. Two hundred and thirteen samples of sterilised milk, comprising 146 from Birmingham and 67 from other authorities, all passed the official "turbidity" test, which indicates whether milk has been heated to the boiling point for a sufficiently long period.

Two hundred and seven samples of ice cream were examined in the light of the provisions of the Food Standards (Ice Cream) Order, 1953, which requires minimal contents of 5% fat, 10% sugar and $7\frac{1}{2}\%$ non-fatty milk solids. One sample only was of substandard quality; this contained only 4% fat, but a further specimen complied with official requirements. Of 46 samples of ice lollipops, two contained lead in excess of the 1.0 p.p.m. recommended by the Food Standards Committee as a maximum.

The Health Department also submitted 223 samples of water, including some taken as the result of complaints of quality or of metallic contamination. Waters from flooded cellars and basements were analysed with a view to establishing the presence or absence of Corporation water. The Water Department submitted 303 samples of water and seven of hydrated lime intended for use at the Elan Valley.

For the Central Purchasing Department 121 samples, of which all but six consisted of soap, soap powder, etc., were examined. One hundred of these were submitted with tenders for the supply of these articles to the Corporation and the remaining 15 were samples taken from the subsequent deliveries for checking purposes.

Ninety-four samples of paint, derived both from manufacturers' tins and from the actual sites where work was being carried out, were submitted by the Housing Management Department and a fairly complete analysis was carried out on each. Two specimens of size were examined for the same Department.

For the Food Inspection Department 22 samples of foodstuffs, ranging from sweets to cooked turkey, were analysed and their examination provided several examples of unappetising material, of which the worst was peanut butter consisting in large measure of rodent hairs and animal tissue, this almost certainly being rodent skin.

The Parks Department was supplied with the results of analysis of 33 specimens comprising soils, grass and sewage sludge ; these were taken during the course of a series of experiments to determine the value of the sludge as a fertiliser.

The Breast Milk Bank submitted a total of 197 samples for the detection of the possible presence of water or cow's milk, and from hospitals came five further samples of orange squash and beef extract. Hospital pharmacists asked for reports on the quality of 20 assorted drugs. For the Allotments Department eight specimens of soil, alleged to be contaminated with lubricating oil, and one sample of superphosphate were analysed, and for the Public Works Department one sample of water.

An entertaining variety of articles, including not only foods and drugs but also a number of miscellaneous objects, was received from various sources, including the Health Department, public bodies, private organisations and persons. The total number dealt with was 207.

Samples taken from the eight sites maintained for the purpose of determining the amount of atmospheric pollution in the city area numbered one hundred and ninety two. Half of these consisted of water from the soot gauges and the other half of " sulphur cylinders " used for the determination of the sulphur trioxide content of the atmosphere.

The two Food Standards Committee reports, issued in 1955 and 1956, resulted during the year in the enactment of the Colouring Matter in Food Regulations, 1957. These bring this country into line with

the rest of the world and introduce a principle which has been in operation elsewhere for many years. Under the Public Health (Preservatives, etc., in Food) Regulations, 1925-53, it was possible to use almost any colour in food apart from a few which were specifically forbidden ; the new Regulations now permit the employment only of 30 coal tar colours, caramel, cochineal, natural fruit and vegetable colours and 13 other colours of vegetable origin. Five mineral colours are allowed in addition. All other colours are prohibited. The list is to be reviewed in five years' time and additions or removals may take place in the light of further knowledge. The importation of food containing colouring matter not on the permitted list is prohibited, as is also the addition of any colour at all to certain natural foods sold in a raw and unprocessed state. Colouring matter and colouring and flavouring compounds sold for use in food are subject to special labelling requirements. The provisions contained in the Regulations come into force by stages from 30th September, 1957, to 30th June, 1959.

A Food Standards Committee Report on the question of standards for ice cream was issued in September. At the moment certain minimum requirements are specified by the Food Standards (Ice Cream) Order, 1953. The fat content must not be less than 5%, sugar not less than 10%, and milk solids-not-fat not less than $7\frac{1}{2}\%$. Ice Cream containing fruit may either conform to this standard or have a lower milk solids content of 2%, provided that it has a minimum content of fat, sugar and milk solids combined of 25%. Kosher ices must contain not less than 10% fat and 14% sugar. When these standards were introduced the Ministry of Food stated that they might be improved when supplies of the ingredients became more plentiful and, as this happy state of affairs has now arrived, the Standards Committee has reviewed the standards to see whether alterations are required in the light of current practice and conditions. In brief, the conclusions arrived at are as follows : (1) A new description, "dairy ice cream," should be introduced to be applied only to an article in which the whole of the fat content is milk fat ; (2) A second new term, "milk ice," should be brought into use denoting a product containing minima of $2\frac{1}{2}\%$ milk fat, 7% milk solids-not-fat, and no other fat but milk fat ; (3) The present provisions regarding the sugar content of ice cream should be revoked, but the use of saccharin or other artificial sweetening agent should be prohibited in all types of ice cream.

Revised recommendations for limits for fluorine content of foods were issued by the Food Standards Committee in June. The Fluorine in Food Order, 1947, set limits to the fluorine content of acid phosphates used in the manufacturing of food, and of baking powders and self-raising flour. For acid phosphates the maximum allowable is 300 parts per million, for foods in general containing such acid phosphates, an amount in proportion to the percentage of phosphate present, for baking powder and golden raising powder 100 parts per million and for self-raising flour 8 parts per million.

In view of the increased purity of the sources of supply of calcium acid phosphate and of other considerations, the Committee recommended the amendment of the Order so as to require a maximum limit of 30 p.p.m. in acid phosphates, 15 p.p.m. in baking powder and 3 p.p.m. in self-raising flour.

(b) Public Health Laboratory

Thanks are due to Dr. B. R. Sandiford, Director of the Public Health Laboratory, for the following information :—

SPECIMENS EXAMINED FOR THE CITY OF BIRMINGHAM								
<i>Type of Specimen</i>								<i>Totals</i>
Throat swabs	...	...	...	...	...	...	...	276
Swabs, various	...	...	...	...	...	...	...	127
Sputa for tubercle bacilli	...	...	...	...	...	...	...	301
Faeces for pathogenic organisms	...	...	...	...	...	...	...	2,317
Bloods for agglutinins	...	...	...	...	...	...	...	14
Bloods for leptospirosis	...	...	...	...	...	...	...	44
Bloods for serological virus tests	...	...	...	...	...	...	...	409
Urines for pathogenic organisms	...	...	...	...	...	...	...	71
Milks for hygienic assay	...	...	...	...	...	...	...	1,483
Milks for tubercle bacilli	...	...	...	...	...	...	...	2,451
Ice creams for hygienic assay	...	...	...	...	...	...	...	696
Synthetic creams for hygienic assay	...	...	...	...	...	...	...	355
Creams for hygienic assay	...	...	...	...	...	...	...	200
Waters for hygienic assay	...	...	...	...	...	...	...	1,484
Foodstuffs for pathogenic organisms	...	...	...	...	...	...	...	24
Shellfish for hygienic assay	...	...	...	...	...	...	...	92
Specimens for virus culture	...	...	...	...	...	...	...	136
Miscellaneous specimens	...	...	...	...	...	...	...	37
								10,517

VENEREAL DISEASES EXAMINATIONS FOR BIRMINGHAM

<i>Specimens</i>				<i>Examinations</i>			
Blood	...	...	28,183	For Wassermann test	...	28,143	
				For gonococcal fixation test	...	4,336	
				For Kahn test	...	15,581	
				For Laughlen test	...	15,092	
Cerebrospinal fluid	...	...	731	For Wassermann test	...	731	
				For cell count	...	258	
Films of discharges	...	...	10,404	For gonorrhoea	...	10,404	
Cultures	...	...	7,958	For gonorrhoea	...	7,958	
Urine	...	...	75	For microscopical examination		75	
				For culture	...	75	
Total				Total			
			47,351		...	82,653	

The following specimens of blood for Wassermann test were received from the Birmingham Ante-natal Clinics and Maternity Hospitals.

	<i>No. of Specimens</i>			<i>" Diagnostic "</i> <i>Reactors</i>
Ante-natal Clinics	3,586	7
Maternity Hospitals	4,958	35

TUBERCULOSIS

Notifications

During 1957, there were 973 new notifications of tuberculosis, giving a rate of 0·88 per thousand population (Table 1). This is a reduction of 163 (14%) compared with 1956, and of 348 (26%) compared with the average yearly number of notifications in the 5-year period 1951-55, during which there was little change in the number of notifications. Both the number of notifications and the rate are the lowest recorded in any one year.

There was a considerable and unusual seasonal variation in notifications of tuberculosis ; for the first quarter the number was unusually low, being 33% below the 1956 figure. The next two quarters showed moderate declines compared with the corresponding quarters of 1956 ; in the final quarter, during and after the influenza epidemic, there was a small decline in the number of notifications compared with the fourth quarter of the preceding year.

The decline of 163 in the notifications of all forms of tuberculosis compared with the previous year was due entirely to the decline in notification of respiratory diseases (Table 2) ; notifications of non-respiratory forms of the disease showed an increase from 107 to 129.

RESPIRATORY TUBERCULOSIS

There were 844 notifications of respiratory tuberculosis in 1957, compared with 1,029 in 1956 and a yearly average of 1,183 for the period 1951-55. Each sex shared in the decline in notifications (Table 4) though the number of notifications for men remained greater than for women. There were 536 notifications for men compared with 646 in 1956 ; the corresponding figures for females were 308 and 383.

Table 4 also shows the notifications of respiratory tuberculosis by age groups. In each sex under the age of 5 years the notifications in 1957 were less than half those in 1956. There were reductions, substantial for most age groups, up to the age of 25 years in men and up to the age of 35 years in women. In older age groups of each sex, there was comparatively little change compared with the previous year, though notifications were less numerous than in the years 1951-55.

Two notifications were received for girls who had received B.C.G. vaccination under the School Leavers' Scheme ; one of these cases was found in the course of routine contact examination.

NON-RESPIRATORY TUBERCULOSIS

The number of notifications was 129, an increase of 22 compared with 1956, but slightly less than the yearly average for 1951-55 (Table 3). The notifications for males declined by 1, but those for females increased by 23. The increase did not occur in any particular age group, but was widely spread.

Table 6 shows the site of lesion for the non-respiratory cases. The most serious increase is that for meningitis from 11 to 17; the largest increase numerically is for abdominal disease, from 8 to 18.

Mortality

For the tenth successive year the number of deaths due to tuberculosis declined, to 145 from 161 in 1956 and 748 in 1947. The decline between 1956 and 1957 was 10%, less than in some recent years; as with the notification figures the first half of the year showed the greater decline compared with 1956, while in the final quarter the number of deaths was greater than in the corresponding quarter of the previous year.

Expressed as a rate per 1,000 population, the mortality for respiratory tuberculosis was 0.12 and for non-respiratory tuberculosis 0.01. There were 7 deaths from tuberculosis of persons under age 25 years, indicating that there can be only slight further reductions in mortality in the youngest age groups.

RESPIRATORY TUBERCULOSIS

There were 134 deaths from respiratory tuberculosis, compared with 150 in the previous year, so that the whole of the decline in mortality was from this form of the disease.

Under age 25, there were 2 deaths from respiratory tuberculosis; both were infants dying of miliary tuberculosis; there were for the first time no deaths from respiratory tuberculosis in either sex for the age group 15-24, or indeed between 5 and 24 years. Even in the next older age group 25-34 years, there were only 6 deaths from respiratory tuberculosis.

In older females, there was a small reduction in the number of deaths; the total number of deaths at all ages of females was 24, compared with 31 in the previous year. By contrast, 110 males died from tuberculosis, and 95 of these were aged 45 years or over; some decline in deaths occurred in ages up to 64 but the oldest age group showed an actual increase in the number of deaths.

NON-RESPIRATORY TUBERCULOSIS

The number of deaths was unchanged at 11, giving a rate of 0.01 per thousand. Seven of these deaths were due to meningitis, 2 in girls aged between 1 and 5 years; 2 males and 1 female in the age group 15-24 and 2 males in the age group 25-44. One female in the age group 25-44

died from abdominal tuberculosis, and 1 from disseminated tuberculosis. Two males aged 25-44 died from other forms of tuberculosis, but there were no deaths from skeletal tuberculosis, and no non-respiratory deaths in persons over age 44 years.

DEATHS OF PERSONS NOT NOTIFIED BEFORE DEATH

Forty-six deaths attributed totally or in part to tuberculosis occurred in patients who had not previously been notified as suffering from tuberculosis. For 25 of these, notifications were received posthumously, but for the remaining 21 no notification was received at any time ; 16 of the 22 were deaths of males over age 25 years.

Contact Examinations

Table 9 shows that 2,972 persons were examined at the Chest Clinic as contacts of patients with tuberculosis, 1,814 of them for the first time. The first examinations were fairly equally distributed between adults and children, but many more children were re-examined at the Chest Clinic. The majority of re-examinations of adult contacts were carried out at the Mass. Radiography Unit, where a further 2,210 examinations were made during the year. The number of contact examinations at the Clinic has increased from 2,181 in 1956, but the number at the Mass Miniature Radiography Unit has declined by 879. Forty-nine persons were found to be suffering from tuberculosis in the 2,972 examined at the Clinic, a yield of 1.6. %

Tuberculosis Visitors

The work of the 16 tuberculosis visitors continued with little change during the year. Patients' homes were visited on 46,423 occasions ; 953 of these were first visits following notification, the remainder routine follow-up visits. The amount of material help required in tuberculous homes has declined with the decline in notification and with the virtual elimination of waiting lists for hospital treatment.

In the following table the number of beds issued, nursing materials supplied and disinfections arranged, are very much less than in 1956 or earlier years. The numbers requiring grants of free milk were also reduced though to a lesser degree. The issue of chalets has almost ceased. The only items to show any increase are the number of grants for clothing and similar needs, largely from the Tippetts Bequest Fund.

Beds issued	243
Nursing materials supplied...	76
Food grants (free milk)	2,106
Grants for clothing, etc. (mainly from Tippetts Bequest) ...	73
Chalets provided	1
Disinfections	334

Re-housing

HOUSES ALLOCATED TO TUBERCULOUS FAMILIES : 1946—1957

1946	...	...	...	...	...	...	...	...	...	79
1947	...	...	...	...	...	...	...	...	...	215
1948	...	...	...	...	...	...	...	...	...	234
1949	...	...	...	...	...	...	...	...	...	148
1950	...	...	...	...	...	...	...	...	...	196
1951	...	...	...	...	...	...	...	...	...	349
1952	...	...	...	...	...	...	...	...	...	402
1953	...	...	...	...	...	...	...	...	...	367
1954	...	...	...	...	...	...	...	...	...	333
1955	...	...	...	...	...	...	...	...	...	243
1956	...	...	...	...	...	...	...	...	...	201
1957	...	...	...	...	...	...	...	...	...	219
										<hr/>
TOTAL										2,986
										<hr/> <hr/>

The number of tuberculous families re-housed was 219, an increase of 18 over the previous year, but less than any year in the period 1951–55.

There were 121 families re-housed under the scheme for urgent re-housing of tuberculous families with special need, the remainder under the operation of the “points” scheme.

A total of 791 new applications for assistance with housing on the grounds of tuberculosis was considered during the year ; in addition, a considerable number who had applied in earlier years were re-considered in the light of changing home circumstances and medical need.

Rehabilitation

The results of treatment with chemotherapy so frequently render patients physically well and non-infectious that the number of problems in relation to rehabilitation is becoming less. It still remains highly desirable to see that ex-patients do not undertake unsuitable work, and it is also essential to see that any infectious patients do not undertake work where they may be a source of danger to others. Fortunately, most patients fit enough for normal industry are to-day non-infectious, and the comparatively small number of infectious patients able to undertake some work are advised to work at the special Remploy Factory.

The arrangements whereby patients fit to return to work are interviewed by the physician in charge of their case in association with the Disablement Resettlement Officer were continued unchanged during the year. The recommendations tabulated below show little change of pattern from the previous year; the total number interviewed has declined; the only category to increase was "rehabilitation with employer," reflecting the increased number able to return to their original work.

Sheltered Factory (Remploy)	...	...	46
Industrial Rehabilitation Unit	...	...	104
Government Training Centre	...	...	44
Rehabilitation with employer	...	...	44
Open Industry	...	...	204
Deferred	...	...	5

Domiciliary Occupational Therapy

The work of this service was continued during the year, though on a somewhat reduced scale because of shortage of staff; only for the first three months of the year were three therapists available, and for a considerable period from August onwards the staff consisted of only one. This has led to a reduction in the amount of work done by the therapists at the Centre at 16, Whittall Street, so that patients restricted to their homes get as much attention as possible.

The number of visits paid to patients' homes was 2,319, a decline of less than 300 compared with 1956. Patients visited the Centre on 1,682 occasions for work, while there were 3,895 visits for materials; both these figures are similar to those for the previous year.

Domiciliary Library Service

The Joint Committee of the British Red Cross Society and the Order of St. John of Jerusalem continued this service for tuberculous patients confined to their homes. The number of these patients is declining as the waiting lists dwindle, and the number served, 84, is less than in any year since 1953. The distances to be covered are however substantial as many of these patients live in the new housing estates. There were 3,311 books borrowed during the year. Many of those visited are chronically ill patients who have been visited for many years and an adequate supply of new reading material is at times a problem.

Dental Clinic

The weekly dental clinic for patients with infectious tuberculosis was continued throughout the year. The work done followed the pattern of previous years, the treatment most commonly required being extractions, but all other forms of treatment were carried out as required.

Statistics

TUBERCULOSIS—ALL FORMS

TABLE 1

PRIMARY NOTIFICATIONS AND DEATHS FOR THE YEARS 1901—1957

	<i>Primary Notifications</i>	<i>Rate per 1,000 population</i>	<i>Deaths</i>	<i>Rate per 1,000 population</i>
1901—1910 (average)	—	—	1,309	1·65
1911—1920 („)	—	—	1,284	1·46
1921—1930 („)	1,824	1·91	1,031	1·08
1931—1940 („)	1,284	1·24	883	0·85
1941—1945 („)	1,258	1·29	793	0·82
1946	1,300	1·28	689	0·68
1947	1,407	1·31	748	0·70
1948	1,294	1·18	696	0·63
1949	1,285	1·16	647	0·58
1950	1,253	1·12	518	0·46
1951	1,326	1·19	418	0·38
1952	1,384	1·24	303	0·27
1953	1,386	1·24	279	0·25
1954	1,241	1·11	235	0·21
1955	1,269	1·14	224	0·20
1956	1,136	1·02	161	0·15
1957	973	0·88	145	0·13

RESPIRATORY TUBERCULOSIS

TABLE 2

PRIMARY NOTIFICATIONS AND DEATHS FOR THE YEARS 1901—1957

	<i>Primary Notifications</i>	<i>Rate per 1,000 population</i>	<i>Deaths</i>	<i>Rate per 1,000 population</i>
1901—1910 (average)	—	—	993	1·25
1911—1920 („)	—	—	1,059	1·20
1921—1930 („)	1,533	1·61	892	0·94
1931—1940 („)	1,082	1·05	793	0·76
1941—1945 („)	1,096	1·13	712	0·73
1946	1,135	1·12	616	0·61
1947	1,223	1·14	691	0·64
1948	1,132	1·03	650	0·59
1949	1,133	1·02	595	0·54
1950	1,133	1·02	486	0·43
1951	1,184	1·07	382	0·34
1952	1,242	1·11	280	0·25
1953	1,241	1·11	264	0·24
1954	1,104	0·99	222	0·20
1955	1,142	1·03	213	0·19
1956	1,029	0·93	150	0·14
1957	844	0·77	134	0·12

NON-RESPIRATORY TUBERCULOSIS

TABLE 3

PRIMARY NOTIFICATIONS AND DEATHS FOR THE YEARS 1901-1957

	<i>Primary Notifications</i>	<i>Rate per 1,000 population</i>	<i>Deaths</i>	<i>Rate per 1,000 population</i>
1901—1910 (average)	—	—	317	0.40
1911—1920 („)	—	—	224	0.26
1921—1930 („)	290	0.31	139	0.14
1931—1940 („)	202	0.19	90	0.09
1941—1945 („)	162	0.16	81	0.09
1946	165	0.16	73	0.07
1947	184	0.17	57	0.05
1948	162	0.15	46	0.04
1949	152	0.14	52	0.05
1950	120	0.11	32	0.03
1951	142	0.13	36	0.03
1952	142	0.13	23	0.02
1953	145	0.13	15	0.01
1954	137	0.12	13	0.01
1955	127	0.11	11	0.01
1956	107	0.10	11	0.01
1957	129	0.12	11	0.01

TABLE 4 NOTIFICATIONS OF RESPIRATORY TUBERCULOSIS BY SEX
AND AGE GROUP—1951-55, 1956 AND 1957

<i>Age Group Years</i>	<i>Males</i>			<i>Females</i>		
	<i>1951/55 (Mean)</i>	<i>1956</i>	<i>1957</i>	<i>1951/55 (Mean)</i>	<i>1956</i>	<i>1957</i>
0—4 ...	39	38	14	31	41	20
5—9 ...	32	26	20	34	27	24
10—14 ...	28	22	15	26	26	20
15—19 ...	62	46	26	74	46	38
20—24 ...	65	84	57	86	66	53
25—34 ...	128	102	102	121	88	69
35—44 ...	102	96	97	54	41	45
45—54 ...	114	103	95	31	19	19
55—64 ...	91	85	74	20	11	10
65+ ...	33	44	36	12	18	10
ALL AGES ...	694	646	536	489	383	308

TABLE 5 NOTIFICATIONS OF NON-RESPIRATORY TUBERCULOSIS BY SEX AND AGE GROUP—1951–55, 1956 AND 1957

<i>Age Group</i> <i>Years</i>		<i>Males</i>			<i>Females</i>		
		<i>1951/55</i> <i>(Mean)</i>	<i>1956</i>	<i>1957</i>	<i>1951/55</i> <i>(Mean)</i>	<i>1956</i>	<i>1957</i>
0—4	...	8	5	2	11	1	6
5—9	...	10	3	4	10	6	3
10—14	...	6	3	2	6	3	7
15—19	...	6	6	7	10	3	4
20—24	...	8	9	6	11	11	14
25—34	...	14	16	15	13	14	16
35—44	...	3	8	12	7	3	9
45—54	...	4	7	9	4	3	7
55—64	...	1	3	2	2	1	2
65+	...	2	1	1	2	1	1
ALL AGES	...	62	61	60	76	46	69

TABLE 6 NOTIFICATIONS OF NON-RESPIRATORY TUBERCULOSIS BY SITE OF DISEASE—(ALL AGES, BOTH SEXES)

Disseminated	...	...	...	...	...	...	...	...	5
Meningitis	...	...	...	...	...	...	...	...	17
Bones, joints and spine			...	...	...	...	...	...	26
Abdomen	...	...	...	...	...	...	...	...	18
Other organs, including glands			...	...	...	...	...	...	63
TOTAL	...	...	...	...	...	...	...	...	129

TABLE 7 DEATHS FROM RESPIRATORY TUBERCULOSIS BY SEX AND AGE GROUP

<i>Age Group</i> <i>Years</i>						<i>Males</i>	<i>Females</i>
0—4	...	...	...	...	...	2	—
5—14	...	...	...	...	...	—	—
15—24	...	...	...	...	...	—	—
25—44	...	...	...	...	...	13	11
45—64	...	...	...	...	...	56	9
65+	...	...	...	...	...	39	4
ALL AGES	...	...	...	...	...	110	24

TABLE 8

PLACE OF BIRTH OF 973 INDIVIDUALS NOTIFIED AS SUFFERING FROM
TUBERCULOSIS IN BIRMINGHAM IN 1957

<i>British Isles</i>						
England	...	...	...	...	...	660
Scotland	...	...	...	...	...	12
Wales	...	...	...	...	...	18
Ireland	...	...	...	...	...	128
<i>Rest of Europe</i>	...	...	...	...	...	12
<i>Asia</i>						
India	...	...	...	...	...	29
Pakistan	...	...	...	...	...	33
Others	...	...	...	...	...	12 (Includes Aden 8)
<i>Africa</i>	...	...	...	...	...	4
<i>America</i>						
West Indies	...	...	...	...	...	12
Other	...	...	...	...	...	2
<i>Not known</i>	...	...	...	...	...	51
TOTAL					...	973

TABLE 9

RESULTS OF CONTACT EXAMINATIONS PERFORMED
AT THE CHEST CLINIC DURING 1957

<i>Age Groups in years</i>	<i>Males examined</i>	<i>Found tuberculous</i>	<i>Females examined</i>	<i>Found tuberculous</i>	<i>Total examined</i>	<i>Found tuberculous</i>
0—15	913	19	890	19	1,803	38
16—	520	9	649	2	1,169	11
ALL AGES	1,433	28	1,539	21	2,972	49

Contacts examined at the Mass Radiography Unit : 2,210.

B.C.G. Vaccination

SCHOOL CHILDREN

B.C.G. vaccination has continued under the same principles as previously, i.e., children whose parents accepted, were Mantoux tested and 72 hours later vaccinated with B.C.G. if negative. The names of positive Mantoux reactors were passed to the Education Department and arrangements made for their x-ray together with all who were not Mantoux tested.

Mantoux testing of a sample of children who were vaccinated the previous year was also carried out whilst visiting each school.

Number of parents approached	...	...	...	17,284		
Number accepting Mantoux test, and if necessary B.C.G. vaccination	...	...	...	13,867	=	80.2%
Number of children fully Mantoux tested	...	...	...	13,202		
Number Mantoux negative (11,385 were vaccinated)	...	...	...	11,416	=	86.4%
Number Mantoux positive (16 were found to have tuberculous lung infection)...	...	...	...	1,718	=	13%
Number Mantoux doubtful	...	...	...	68		
Number of children whose Mantoux tests were given and read a year after B.C.G. vaccination	...	...	...	721		
Number of above giving positive result	...	...	...	699	=	96.9%
Number of schools visited	= 170.			Number of visits to schools	= 340.	

CONTACTS

As soon as possible after the discovery of a case of tuberculosis, child contacts are given a Heaf test by the tuberculosis visitors. Three days later the reaction is read by the chest physician and negative reactors are referred to the clinic in the Council House for the standard Mantoux test followed by B.C.G. vaccination of negative reactors. Babies up to twelve days old are vaccinated without a skin test and older babies up to the age of six months are given no preliminary Heaf test.

Number of contacts fully Mantoux tested	...	...	...	1,276
Number of contacts giving positive reaction	...	...	...	131
Number of contacts giving doubtful reaction	...	...	...	15
Number of contacts giving negative reaction	...	...	...	1,130
Number of negative reactors vaccinated	...	...	...	1,114
Number of babies under 12 days old vaccinated without test	...	...	...	5
Number of babies vaccinated in maternity hospitals by approved doctor of hospital staff	...	...	...	51

All contacts vaccinated received a conversion Mantoux test three months after vaccination with B.C.G. and, when Mantoux positive, were referred again to the chest physician for supervision as contacts.

Number fully Mantoux tested	...	...	...	...	1,030
Number converted	...	...	...	...	1,027
Number negative	...	...	...	...	1
Number doubtful	...	...	...	...	2

The above figures include members of hospital staffs tested and vaccinated by the Health Department.

SKILTS RESIDENTIAL NURSERY FOR CHILD CONTACTS OF
TUBERCULOSIS

In 1952 Skilts Residential Nursery was opened for children whose home environment was unsuitable for them to remain at home whilst undergoing protection by B.C.G. vaccination. In the early days children who were Mantoux negative on admission were given a second Mantoux test after six weeks and if still negative, were then vaccinated with B.C.G. Six to eight weeks after vaccination there was a third Mantoux test to ascertain whether vaccination had been successful. This longer period at the nursery enabled many children to improve physically but, owing to the demand for beds, the pre-vaccination segregation ceased so that the stay was limited to eight weeks for babies and six weeks for older children. Gradually the need for admission of older children became less and a higher proportion of babies, whose mothers were active cases of tuberculosis, were admitted direct from maternity hospitals.

Follow-up of these children was by annual Mantoux test and routine chest x-ray.

Later, because of the effectiveness of chemotherapy in rendering patients non-infectious, the number of babies requiring segregation for B.C.G. vaccination diminished and Skilts as a residential nursery for child contacts of tuberculosis closed down in June, 1957. From 23rd October, 1952, until 29th April, 1957, when the last child was admitted to Skilts, 764 children were admitted of whom 453 were babies under twelve months (417 being under six months).

From 1st January to 29th April, 1957, 44 child contacts of tuberculosis were admitted within the following age groups at the time of admission :—

0— 6 months	...	...	...	...	...	34
6—12 months	...	...	...	...	...	—
1— 2 years	...	...	...	...	...	2
2— 5 years	...	...	...	...	...	5
5—10 years	...	...	...	...	...	3

In addition, six children, of whom two were babies, were admitted from the Children's Department for a short period to relieve pressure upon the Children's Department homes, and one schoolgirl in the 10–15 age group was admitted with a leg ulcer following B.C.G. vaccination. This healed satisfactorily.

The health of the children while in Skilts was excellent. There was one case of measles but the infection did not spread to any other child.

One baby was transferred to hospital on the 4th January, with pyloric stenosis but returned on the 22nd February.

Number of children in residence on 31st December, 1956	...	24
Number of admissions until 29th April, 1957	... ..	51
Number of discharges until 30th June, 1957	... ..	75
(one to foster parents, one to adopting parents and the rest to their own homes)		

The sources of admission of contact babies aged 0-6 months were as follows :

Direct from their homes	... ..	6
Maternity hospitals	... ..	26
Other hospital	... ..	1
Carnegie Premature Baby Unit	... ..	1

		ADMISSIONS (1952-57)						
		0-6	6-12	1-2	2-5	5-10	10-15	Total
		<i>mths.</i>	<i>mths.</i>	<i>yrs.</i>	<i>yrs.</i>	<i>yrs.</i>	<i>yrs.</i>	
23rd October—								
31st December								
1952	...	6	2	1	9	5	5	28
1953	...	67	8	12	15	24	5	131
1954	...	98	5	17	30	32	14	196
1955	...	114	8	12	21	29	3	187
1956	...	98	13	14	20	17	9	171
1st January—								
29th April, 1957		34	—	2	5	3	7	51
TOTAL	...	417	36	58	100	110	43	764

The following children were Mantoux tested and vaccinated before the nursery closed in June.

Mantoux tested	... ..	52
Mantoux negative	... ..	51 (48 were vaccinated)
Mantoux positive	... ..	1

All children vaccinated had a conversion Mantoux test 8 weeks after vaccination.

Mantoux tests	... ..	57
converted 54 ; negative 1 ; doubtful 2.		

PERSONAL HEALTH SERVICES

GENERAL COMMENTS

The rise in the birth rate has continued and is due rather to an increase in the proportion of young women having their first baby than to an increase in the size of families.

In spite of great effort, the housing situation of expectant mothers has shown no improvement. The pressure on hospital maternity beds continues and it is still impossible to find beds for all those women who require admission for social reasons or to prevent the early discharge of women whose housing conditions are unsatisfactory.

Although the chances of survival of an infant after the sixth day of life have steadily improved, and this year the mortality rate is a new low record, in common with the rest of the country little or no improvement has been achieved in the stillbirth rate and the death rate of babies under seven days. Further research is required which calls for the concentrated and combined efforts of hospital consultants, general practitioners and public health staffs if progress is to be made.

A meeting was held in the autumn between consultant obstetricians, paediatricians, pathologists and local authority staff to study the progress of the maternity services and to hear a preliminary report on the investigation into stillbirths and neonatal deaths.

Close association between the Department and the hospitals and general practitioners is essential if continuous improvement in the well-being of the community is to be maintained and this is particularly so in relation to the personal health services. Constant interchange of ideas on common problems are of the utmost value and it is satisfactory to note that 1957 shows a good record of progress in this respect.

Two new maternity and child welfare centres were opened during the year, bringing the total to 51. A major re-organisation of the antenatal and child welfare clinics took place following the decision of the Health Committee to terminate the services of 29 part-time medical officers. As a result, the number of sessions at which medical officers were present was reduced by one-fifth and the number for which nursing staff only were responsible was more than doubled.

Facilities were granted to the Welfare Committee for occupational therapy sessions for handicapped persons at three of the child welfare centres.

A survey of the work of the Home Nursing Service for 1950—57 shows that considerable variations have occurred in the number and kind of patients that have been nursed in the past eight years. This survey serves to pin-point the importance of having all the personal health services under constant review to ensure that they are kept in a state of highest efficiency to meet the changing needs of the community.

Thanks are due to Mr. A. B. Neale, Statistician, for his major contribution to the presentation of the statistics. The completeness of the records from many sources is a tribute to the collaboration of numerous people whose help is gratefully acknowledged.

MATERNITY AND CHILD WELFARE

STATISTICS

That statistics can be made to prove anything is a phrase often used by people anxious to conceal their lack of understanding of their use. Properly used, statistics can be of the utmost value in indicating trends and measuring progress.

In 1957 the birth rate continued to rise. This did not appear to indicate any increase in the size of families but rather that a higher proportion of first babies were being born, 57·9 per cent. to women who were under 25 years of age.

Of these mothers having their first babies, 72·4 per cent. were gainfully employed during pregnancy compared with 67·2 per cent. in 1952. Of the mothers having their second, third or fourth child, 18·0 per cent. were gainfully employed during pregnancy compared with 18·1 per cent. in 1952. Only 11·3 per cent. of the women having their fifth or more child went out to work compared with 13·3 per cent. in 1952.

Unfortunately, in spite of all the efforts in the intervening years, the housing situation of these pregnant women was not as good in 1957 when 28·7 per cent. lived in conditions where there were two or more persons per room compared with 26·6 in 1952. It is satisfactory to note, however, that the proportion of women delivered at home who were living in overcrowded conditions was less than among those delivered in hospital.

Although we still seem unable to make much impression on the stillbirth rate and the death rate of infants under 7 days of age, i.e., the perinatal death rate, after the sixth day the chances of survival of the child have steadily improved from year to year and once again we have reached a new low record. We seem to have reached the hard core of the perinatal death rate and any future improvement will be largely dependent on the progress made by research into the causes of congenital malformations and prematurity.

BIRTHS

					<i>Live births</i>	<i>Stillbirths</i>
Single births	...	...	...	...	18,378	395
Twins—both living (251 pairs)	...	...	...	...	501*	—
one living, one dead (15 pairs)	...	...	...	...	15	15
both dead (3 pairs)	...	...	...	...	—	6
Triplets						
all live born (4 sets)	...	...	...	...	12	—
					<hr/> 18,906	<hr/> 416

* The odd number is due to a pair of twins (gestation under 27 weeks), one of whom was a neonatal death and the other counted as a miscarriage and was not registered.

LIVE BIRTH RATES

1957	...	...	...	17·1	1954	...	...	...	16·4
1956	...	...	...	16·6	1953	...	...	...	16·6
1955	...	...	...	16·0	1952	...	...	...	16·4

*Illegitimate
births per
1,000 live
births*

*Illegitimate
births per
1,000 live
births*

1957	...	...	...	64·1	1954	...	...	...	52·2
1956	...	...	...	61·9	1953	...	...	...	50·7
1955	...	...	...	53·2	1952	...	...	...	48·2

Mortality Rates

STILLBIRTH RATE

*Rate per 1,000
total births*

*Rate per 1,000
total births*

1957	...	...	...	22	1954	...	...	...	22
1956	...	...	...	23	1953	...	...	...	23
1955	...	...	...	23	1952	...	...	...	20

NEONATAL DEATH RATE

*Rate per 1,000
live births*

*Rate per 1,000
live births*

1957	...	...	...	17·7	1954	...	...	...	16·8
1956	...	...	...	17·6	1953	...	...	...	18·0
1955	...	...	...	16·3	1952	...	...	...	17·6

PERINATAL DEATH RATE

(STILLBIRTHS AND DEATHS 0—6 DAYS)

*Rate per 1,000
live births and
still births*

*Rate per 1,000
live births and
still births*

1957	...	...	...	37·0	1954	...	...	...	35·1
1956	...	...	...	37·4	1953	...	...	...	37·9
1955	...	...	...	35·7	1952	...	...	...	33·3

DEATH RATE 7 DAYS TO 4 WEEKS

*Rate per 1,000
live births*

*Rate per 1,000
live births*

1957	...	...	...	1·9	1954	...	...	...	3·0
1956	...	...	...	2·8	1953	...	...	...	3·2
1955	...	...	...	3·3	1952	...	...	...	3·6

DEATH RATE 4 WEEKS TO 1 YEAR

				<i>Death rate per 1,000 live births</i>					<i>Death rate per 1,000 live births</i>
1957	...	...	...	7.0	1954	...	...	...	7.4
1956	...	...	...	7.0	1953	...	...	...	8.1
1955	...	...	...	7.4	1952	...	...	...	9.2

DEATH RATE 4 WEEKS TO 1 YEAR BY CAUSE

1957				1956			
	<i>Total</i>	<i>Premature babies (rate per 1,000 premature live births)</i>	<i>Babies over 2,500 gms. (rate per 1,000 live births over 2,500 gms.)</i>	<i>Total</i>	<i>Premature babies (rate per 1,000 premature live births)</i>	<i>Babies over 2,500 gms. (rate per 1,000 live births over 2,500 gms.)</i>	
Respiratory infection	2.4	6.4	2.1	2.3	8.9	1.8	
Digestive infection	0.2	1.3	0.1	0.7	1.4	0.6	
Other infection	0.7	2.6	0.5	0.9	2.1	0.8	
Congenital malformations	2.4	6.4	2.0	2.2	2.1	2.3	
Other causes (including tuberculosis)	1.2	2.6	1.0	0.9	3.4	0.6	
Total death rate 4 weeks to 1 year	6.9	19.3	5.8	7.0	17.9	6.1	

INFANT MORTALITY RATE

<i>Birmingham</i>			<i>England and Wales</i>	<i>Birmingham</i>			<i>England and Wales</i>
1957	24		23	1954	24		26
1956	25		24	1953	26		27
1955	24		25	1952	27		28

INFANT MORTALITY RATE BY CAUSE

					1957	1956	1955
Respiratory disease	...	...	...	...	0.2	3.8	3.5
Diarrhoea and enteritis	...	...	...	...	2.9	0.9	0.7
Congenital malformations	...	...	...	...	5.0	5.2	5.7
Prematurity	...	...	...	...	8.8	7.2	6.6
Atrophy, debility and marasmus	...	...	...	...	—	0.1	0.7
Injury at birth	...	...	...	...	3.1	3.7	3.2
Other causes	...	...	...	...	4.6	3.7	3.2
All causes	...	...	...	...	24.6	24.6	23.7

LEGITIMACY IN RELATION TO MORTALITY AMONG INFANTS BY CAUSE

			<i>Legitimate live births</i>			<i>Illegitimate live births</i>		
			1957	1956	1955	1957	1956	1955
Infectious disease	...		0.3	0.5	0.3	—	0.9	—
Tuberculosis	...		0.1	0.1	—	—	—	1.1
Respiratory disease	...		2.6	3.8	3.6	7.4	6.1	2.1
Diarrhoea and enteritis	...		0.2	0.9	0.7	0.8	0.9	1.1
Congenital malformations			5.2	5.1	5.6	2.5	7.9	6.2
Premature birth	...	...	8.4	6.9	6.2	14.0	12.2	13.7
Atrophy, debility, marasmus and atelectasis	...	...	1.0	0.1	0.7	2.5	—	1.1
Injury at birth	...	...	3.0	3.7	3.1	4.1	4.4	6.3
Other causes	...	...	3.2	2.2	2.7	2.5	5.3	6.3
All causes	...	...	24.0	23.3	22.9	33.8	37.7	38.1

HOUSING ACCOMMODATION DURING PREGNANCY

			<i>Less than 1 person per room</i>		<i>1 and less than 1½ persons per room</i>		<i>1½ and less than 2 persons per room</i>		<i>2 or more persons per room</i>	
			1952	1957	1952	1957	1952	1957	1952	1957
All parities :—			%	%	%	%	%	%	%	%
Domiciliary booked	...		18.3	19.1	38.2	38.5	21.5	18.9	22.0	23.5
Hospital booked	...	...	19.0	24.2	26.5	24.5	23.9	19.7	30.6	31.6
Hospital emergency	...		23.9	16.1	30.0	32.7	20.7	18.0	25.4	33.2
Nursing Home	...	...	63.8	53.1	21.4	26.0	8.3	6.3	6.5	14.6
Total confinements	...		19.7	22.2	31.2	29.8	22.5	19.3	26.6	28.7

WORK DURING PREGNANCY PROPORTION OF MOTHERS GAINFULLY EMPLOYED

<i>Primigravidae</i>			<i>Parities 2—4</i>		<i>Parities 5+</i>	
%			%		%	
1952	...	67.2	18.1		13.3	
1957	...	72.4	18.0		11.3	

THE MATERNITY SERVICES

There were 18,906 live births and 416 stillbirths born to women resident in Birmingham in 1957. There was no information about 192 of the live births and one of the stillbirths which occurred outside the City. The following remarks therefore relate to 18,714 live births and 415 stillbirths, about which there is information. The tables on which these observations are based are found on page 96 onwards.

The proportion of births occurring in hospital remained much the same as in 1956, i.e., 65.4 per cent. compared with 65.6 per cent. in 1956 but, as there was a rise in the birth rate, the number of births which actually occurred in hospital was 12,514 compared with 12,274 in 1956. Of these, 1,022 were emergency admissions compared with 864 in 1956. A proportion of these emergency admissions related to women requiring admission for social reasons, for whom a bed could not be found before the onset of labour. The Bed Bureau run by the Department deals with women who require admission to hospital for social reasons. In 1957 the number of applications received was 4,630 compared with 4,448 in 1956. Hospital bookings were made for 2,790 and in addition 354 mothers were put on the emergency list. This list is forwarded monthly to the Regional Hospital Board, with whom the responsibility lies for finding beds. Ultimately beds were found for 198 but beds could not be found for 156 women who, in consequence, had to be confined at home in very unsatisfactory conditions. Even so, 3,692 women, often living in overcrowded conditions, were discharged before the ninth day to the care of domiciliary midwives.

There was a further slight increase in the primigravidae booked for hospital delivery, i.e., 84.9 per cent. compared with 84.5 per cent. in 1956. For parities five and over the proportion was 38.3 in 1957 and 36.7 in 1956. The perinatal death rate for primigravidae has risen from 37.5 in 1956 to 40.1 in 1957. For all other parities the perinatal death rate has fallen.

The intensive study into the causes of stillbirth and infant death under seven days continued throughout the year and preliminary findings were presented for comment to a meeting of obstetricians, paediatricians and pathologists held at the Maternity Hospital, Loveday Street, on 30th September, 1957. With the exception of 1956, meetings have been arranged each year since 1952 with consultant obstetricians with a view to discussing the progress of the maternity services, both domiciliary and hospital.

In 1956, following the receipt of the Circular on Antenatal Care relating to Toxaemia, a meeting was held at Selly Oak Hospital on 23rd July, and was attended by representatives of consultants, general practi-

tioners and local authority medical staff. Among those attending were practitioners from Smethwick and adjacent areas of Warwickshire. There was a general discussion on the various points made in the Circular. It was felt that there should be a clear division of responsibility between general practitioners and hospital consultants. One speaker thought that midwives were being asked to assume too great a responsibility for antenatal care, especially in respect of blood pressure readings. The importance of follow-up of defaulters was stressed and practitioners and consultants were reminded that the services of the Health Department were always available to follow-up defaulters and persuade them to attend.

Granted the recognition of toxæmia, hospital facilities in the area were considered to be satisfactory. Arrangements exist in the area for the necessary blood tests but were not as yet fully used. Interchange of records between consultant, general practitioner, local authority, medical officer and midwife has been in existence for some years and is working satisfactorily.

Subsequent to the meeting, all general practitioners in Birmingham received a copy of a memorandum. As there have been excellent working arrangements over a period of years between the Department and the general practitioners on the one hand and the hospital consultants on the other, the influence of the Circular in Birmingham was likely to be less than in those areas where liaison is less effective. The fact that the antenatal clinics held regularly by general practitioners numbered 141 showed that general practitioners as a whole were already alive to the value of good antenatal care.

Maternal Mortality

There were ten deaths ascribed to or associated with pregnancy and childbirth in 1957, including one death following abortion. This gives a mortality rate, excluding deaths due to abortion, of 0·48 per 1,000 live births and 0·47 per 1,000 live and still births.

A. Deaths ascribed to pregnancy and childbirth

1. Not associated with a notifiable birth

There were four deaths not associated with a notifiable birth. One of these died undelivered in hospital at the 36th week of pregnancy from toxæmia with eclampsia. The second case was admitted to hospital in a moribund and semi-conscious condition ten days after having an abortion at home. No antenatal care had been carried out and at postmortem the patient was also found to have had bilateral advanced pulmonary tuberculosis. Septicæmia following abortion was regarded as the main cause of death. Another patient died of toxæmia and uræmia at the 27th week of pregnancy, and the fourth case died in hospital, the cause of death being an overwhelming gas gangrene infection. No antenatal care had been carried out, the patient being first seen in an advanced state of

pregnancy. Sudden unexplained shock followed rupture of the membranes and this persisted despite treatment. The baby was undelivered and was estimated at postmortem examination to be 8 lbs. in weight. No evidence of injury of any description was detected, to explain how *B. welchii* had been introduced. The sample of blood taken for cross-matching about 24 hours before the onset of labour was subsequently cultured and yielded a growth of *B. welchii*. It was therefore assumed that the infection was present in the blood stream at the time the blood was taken. A verdict of "natural causes" was returned at the Coroner's Inquest.

2. Associated with a notifiable birth

There were six deaths associated with a notifiable birth.

One of these was due to paralytic ileus following Caesarian section for uterine inertia. Another was caused by ruptured uterus and haemorrhage following delivery, the baby being stillborn. A third patient died from postpartum haemorrhage. Another death was due to toxæmia following delivery of twins. This was an unexpected death, as urine and blood pressure examinations were normal during the antenatal period. There was no oedema. Following delivery of the first twin, the patient complained of feeling faint and became unconscious and cyanosed, resembling an eclamptic fit. The pulse became imperceptible and there was no response to attempts at resuscitation. The second twin was delivered by breech extraction. Severe toxic changes were found in the liver and heart at autopsy. These were unexpected in view of the absence of clinical signs. Two patients died of pulmonary embolism following thrombosis of the leg and pelvic veins.

B. Deaths associated with pregnancy and childbirth

One death occurred due to mitral stenosis and congestive cardiac failure approximately four weeks after the delivery of a live premature baby.

DOMICILIARY MIDWIFERY

(a) General Practitioners

The number of general practitioners doing domiciliary midwifery was 541 (523 in 1956). There were 143 single handed practitioners, 18 who had an assistant and 143 partnerships with or without assistants.

(b) Domiciliary Midwives

The City midwives delivered 6,292 women, and private midwives 21 women in their own homes during 1957. In addition, 4,058 women were discharged from hospital before the fourteenth day of their puerperium and of this number 3,692 women were discharged before the ninth day and were nursed by the City midwives. Ambulance midwives attended

156 women in their homes or in ambulances, the cases falling into the following categories :—

Unbooked emergencies	20
Home bookings	4
Hospital bookings	132

Supervision of the expectant mother by the midwife is a most important part of her work. Midwives undertake the antenatal care at welfare centres in conjunction with the clinic medical officer and at special clinics held by general practitioners, either in their own surgeries or in welfare centres, thus promoting liaison between the local authority staff and general practitioners, to the benefit of the patient. Special relaxation classes are carried out by the midwives, 15 of whom received training during the year, making the total number trained 73.

One midwives supervisor and 25 midwives attended refresher courses during the year and 12 midwives joined the Health Visitors' Training Course to receive instruction in the newest methods of health education.

Lecturers at the monthly midwives' meetings have included hospital consultants, members of the public health staff and a representative from the Ministry of Pensions and National Insurance. These meetings prove of great value in helping the midwife to keep abreast of current trends.

All the full time midwives are qualified to give gas and air analgesia and to administer pethedine. One hundred and sixteen sets of apparatus are available. Gas and air analgesia and pethedine were administered by 107 domiciliary midwives as follows :—

Gas and air, as midwives	1,263
Gas and air, as maternity nurses	129

Gas, air and pethedine and pethedine only were administered as follows :—

Gas, air and pethedine, as midwives	2,097
Gas, air and pethedine, as maternity nurses	320
Pethedine, as midwives	827
Pethedine, as maternity nurses	100

During the year, 32 midwives, who are specially approved as teachers, undertook the district training of 109 pupil midwives studying for Part II of the examination of the Central Midwives Board.

(c) Local Authority Clinics

(1) ANTENATAL CLINICS. The proportion of expectant mothers attending local authority clinics staffed by local authority medical officers has shown a decrease, and is now 16·1 per cent.

(2) BLOOD TESTS. General practitioners continue to send their patients to these clinics to have their blood tested and in 1957 the number was 1,622 as compared with 1,604 in 1956.

(3) **MASS RADIOGRAPHY.** All women attending local authority antenatal clinics are given the opportunity of attending the Mass Radiography Centre. The same facility is offered to general practitioners for their patients. In 1957, 5,921 women were examined by miniature film.

(4) **RELAXATION CLASSES.** During the year, classes have been held at 40 centres. One full time and one part-time physiotherapist were employed for a total of twelve sessions a week. In addition, classes were taken by midwives and health visitors. Mothercraft classes are held in association with the relaxation classes and are taken by the health visitors.

(5) **POSTNATAL EXAMINATIONS.** The majority of mothers now attend their own general practitioner for postnatal examination. In 1957, 716 women attended local authority clinics for this examination.

(d) **Emergency Maternity Service**

The services of the Maternity Flying Squad were requested on 114 occasions during the year and of these, 32 calls were to residents outside the City.

An analysis of the 82 Birmingham cases is given below :—

<i>Reasons for summoning</i>							
<i>Emergency Maternity Service</i>					<i>1957</i>	<i>1956</i>	<i>1955</i>
Postpartum haemorrhage and placenta retained	...	...	...	...	26	31	32
Postpartum haemorrhage and placenta delivered	...	...	...	...	29	32	28
Antepartum haemorrhage	...	...	...	...	5	4	2
Eclampsia	...	...	...	...	2	2	—
Retained placenta	...	...	...	...	14	8	7
Obstetric shock	...	...	...	...	1	—	1
Haemorrhage and abortion	...	...	...	...	4	5	4
Perineal tear	...	...	...	...	—	4	—
Haemorrhage and obstetric shock	...	...	...	...	1	—	—
					<hr/> 82	<hr/> 86	<hr/> 74

Of the 82 cases, 50 required blood transfusion, 8 saline infusion and 16 were removed to hospital

Puerperal Pyrexia and Puerperal Sepsis

Under the Puerperal Pyrexia Regulations, 1951, "any febrile condition occurring in a woman in whom a temperature of 100·4° Fahrenheit (38° Centigrade) or more has occurred within 14 days after childbirth or miscarriage" must be notified to the Medical Officer of Health by the attendant medical practitioner.

The number of notifications during 1957 was as follows :—

Total number of notifications	...	...	...	...	...	343
Out of City residents confined in City	...	...	...	...	...	29
Birmingham City cases	...	...	...	...	...	314
1. Due to conditions of genital tract	...	...	...	...	...	68
2. Due to extra-genital conditions	...	...	...	...	...	165
Urinary infection	...	...	...	...	...	54
Mastitis	...	...	...	...	...	63
Influenza	...	...	...	...	...	16
Upper respiratory infection...	...	...	...	...	...	12
Chest infection	...	...	...	...	...	14
Thrombophlebitis	...	...	...	...	...	6
3. Other causes	...	...	...	...	...	110

Ophthalmia Neonatorum

The number of cases notified during the year was 585. There was no impairment of vision.

Pemphigus

No cases of pemphigus were reported.

Statistics

CONFINEMENT BY PARITY

							<i>Percentage of confinements</i>		
<i>No. of previous confinements</i>							<i>1957</i>	<i>1956</i>	<i>1955</i>
0	...	...	...	...	...	...	37·9	37·3	36·4
1—3	...	...	...	...	...	...	50·8	51·0	52·3
4+	...	...	...	...	...	...	11·3	11·7	11·3
							100·0	100·0	100·0

RESPONSIBILITY FOR ANTENATAL CARE

							<i>Percentage of births</i>		
							<i>1957</i>	<i>1956</i>	<i>1955</i>
Hospital	...	...	...	...	...	...	57·0	55·6	53·7
General practitioners	...	...	...	...	...	...	35·6	34·9	34·8
Midwives and centres	...	...	...	...	...	...	6·2	8·2	10·1
None or unknown	...	...	...	...	...	...	1·2	1·3	1·4
							100·0	100·0	100·0

FREQUENCY OF ANTENATAL CARE

						Percentage of births		
						1957	1956	1955
1—2 visits	...	...	...	...	...	1.8	2.1	2.5
3—5 visits	...	...	...	...	...	10.1	10.5	10.7
6—8 visits	...	...	...	...	...	26.0	29.2	28.9
9 and over	...	...	...	...	...	61.6	57.6	57.3
None	...	...	...	...	...	0.5	0.6	0.6
						100.0	100.0	100.0
Number unknown	...	...	...	...	...	4,545	4,498	4,438

MATERNAL MORTALITY RATE

Rate per 1,000 live and still births (excluding abortions)				Rate per 1,000 live and still births (excluding abortions)			
Birmingham		England and Wales		Birmingham		England and Wales	
1952	...	0.59	0.59	1955	...	0.27	0.54
1953	...	0.58	0.65	1956	...	0.48	0.46
1954	...	0.59	0.58	1957	...	0.47	0.39

MATERNAL DEATH RATE PER 1,000 LIVE AND STILL BIRTHS (INCLUDING ABORTION)

Year	Abortion	Sepsis	Toxaemia	Haem- orrhage	Other puer- peral causes	Total due to puer- peral causes	Maternal deaths due to "associated conditions"
1953	—	0.10	0.16	—	0.32	0.58	0.37
1954	0.21	0.05	0.27	0.11	0.16	0.80	0.21
1955	0.05	—	0.11	0.05	0.11	0.32	—
1956	0.16	0.11	0.11	—	0.26	0.64	0.26
1957	0.05	0.05	0.05	0.05	0.31	0.51	0.11

A.	Deaths ascribed to pregnancy and childbirth	...	...	...	10
1.	Not associated with a notifiable birth	...	...	...	4
	Toxaemia	...	...	...	2
	Abortion followed by septicaemia	...	...	...	1
	Gas-gangrene infection	...	...	...	1
2.	Associated with a notifiable birth	...	...	...	6
	Toxaemia	...	...	...	1
	Paralytic ileus following Caesarean section	...	...	...	1
	Ruptured uterus	...	...	...	1
	Postpartum haemorrhage	...	...	...	1
	Pulmonary embolism	...	...	...	2

Responsibility for antenatal care			Amount of antenatal care			Place of death		
			None	Inadequate	Adequate	Home	Hospital Booked	Hospital Emergency
Hospital	...	...	—	—	1	—	1	—
Hospital and General Practitioner	...	...	—	—	3	—	3	—
Midwife and General Practitioner	...	...	—	—	3	1	—	2
No-one responsible	...	...	3	—	—	—	—	3
TOTAL	...	...	3	—	7	1	4	5

B. Deaths associated with pregnancy and childbirth	...	...	...	1
1. Not associated with a notifiable birth	...	...	...	—
2. Associated with a notifiable birth	...	...	...	1
Mitral stenosis and congestive cardiac failure	...	...	1	

PLACE OF DELIVERY
INCIDENCE BY PARITY

				Hospital booked	Hospital emergency	Domiciliary	Nursing Home
				%	%	%	%
Primigravidae	1957	...	...	84.9	3.8	10.3	0.9
	1956	...	...	84.5	3.8	10.8	0.9
	1955	...	...	83.0	3.3	12.9	0.8
	1954	...	...	80.6	4.0	14.0	1.4
	1953	...	...	79.9	3.7	15.2	1.2
Para. 5 +	1957	...	...	38.3	7.8	53.7	0.1
	1956	...	...	36.7	7.3	56.0	—
	1955	...	...	36.8	7.3	55.7	0.2
	1954	...	...	32.8	5.9	60.5	0.8
	1953	...	...	33.8	5.9	60.3	—
All parities	1957	...	...	60.1	5.3	33.9	0.7
	1956	...	...	61.0	4.6	33.6	0.7
	1955	...	...	60.4	4.1	34.8	0.7
	1954	...	...	58.6	4.2	36.1	1.1
	1953	...	...	58.9	3.7	36.1	1.3

PERINATAL DEATH RATE
(STILLBIRTHS + DEATHS 0—6 DAYS)

(a) By Frequency of Antenatal Care	1957	1956
1—2 visits	241.4	228.5
3—5 visits	102.2	76.8
6—8 visits	33.3	33.8
9 and over	21.5	22.5
None	225.0	259.3
Unknown	33.0	37.3

(b) <i>By Responsibility for Antenatal Care</i>						<i>No. of stillbirths and deaths 0-6 days</i>		<i>Perinatal death rate</i>	
						<i>Total births</i>	<i>1957</i>	<i>1957</i>	<i>1956</i>
Hospital	...	...	...	...	...	10,908	439	40.2	42.6
General Practitioner	...	...	...	...	...	6,809	211	31.0	29.4
Midwife and centre	...	...	...	...	...	1,184	22	18.6	20.1
None	...	...	...	...	...	80	18	225.0	259.3
Unknown	...	...	...	...	...	148	11	14.3	64.5

(c) <i>By Parity of Mother</i>						<i>Perinatal death rate</i>	
<i>No. of previous confinements</i>						<i>1957</i>	<i>1956</i>
0	...	...	...	...	...	40.1	37.5
1, 2 and 3	...	...	...	...	...	30.8	33.3
4+	...	...	...	...	...	51.2	53.8

(d) <i>By Age of Mother</i>						<i>Perinatal death rate</i>	
						<i>1957</i>	<i>1956</i>
16—19 years	...	...	...	...	...	29.3	37.9
20—24 years	...	...	...	...	...	32.9	32.9
25—29 years	...	...	...	...	...	32.1	29.4
30—34 years	...	...	...	...	...	36.5	39.0
35—39 years	...	...	...	...	...	51.2	56.3
40+	...	...	...	...	...	68.9	61.6

PERINATAL DEATH RATE BY PRIMARY FACTOR

				<i>1957</i>	<i>1956</i>
				<i>1957</i>	
				<i>Total</i>	<i>Total</i>
				<i>Premature Babies (per 1,000 premature births live and still)</i>	<i>Babies over 2,500 grammes (per 1,000 births over 2,500 grammes live and still)</i>
<i>Antenatal causes :</i>					
Toxaemia	...	4.9	40.0	1.3	5.6
Separation of placenta	...	4.2	34.9	1.1	4.6
Rhesus incompatibility	...	1.2	7.3	0.5	0.9
Other maternal conditions	...	1.0	9.0	0.2	1.8
Other causes	...	3.3	24.2	1.2	2.9
<i>Intranatal causes :</i>					
Breech presentation	...	1.7	8.5	1.0	1.3
Other difficult labour	...	2.8	3.9	2.7	2.0
Other causes	...	3.3	9.6	2.7	4.0
<i>Postnatal causes :</i>					
Infection only	...	0.4	2.8	0.2	0.3
Other	...	0.3	1.7	0.2	0.6
Foetal deformity	...	6.6	42.8	2.9	6.6
Prematurity only	...	3.7	40.0	—	3.2
Unknown causes	...	3.2	22.0	1.3	3.6
All causes	...	36.8	246.8	15.2	37.4

INCIDENCE OF, AND PERINATAL DEATH RATE ASSOCIATED WITH ABNORMALITY IN PREGNANCY OR LABOUR

				1957		1956	
				<i>Incidence per cent.</i>	<i>Perinatal death rate</i>	<i>Incidence per cent.</i>	<i>Perinatal death rate</i>
<i>Antenatal</i>							
Toxaemic conditions	...			6.7	87.7	8.2	88.7
Threatened abortion	...			0.5	314.6	0.5	219.8
Non-toxic antepartum haemorrhage	...	...	...	1.2	255.2	1.5	187.9
Pyelitis	...	...	...	0.5	38.1	0.6	47.2
Anaemia	...	...	...	7.2	16.8	4.8	37.0
Other disease or complication				6.2	64.3	11.2	64.8
Combinations of above	...			4.9	78.5	5.9	79.6
No known disease or complication	...	...	...	68.2	22.4	66.1	20.7
Antenatal record unknown				4.6	34.9	4.3	16.4
<i>Presentation</i>							
Normal vertex (L.O.A. and R.O.A.)	...	...	...	86.2	25.8	86.9	27.2
Occipito posterior	...	...		4.3	42.3	4.5	27.5
Brow	...	...	...	0.1	190.5	0.1	—
Face	...	...	...	0.4	438.4	0.4	363.6
Breech	...	...	...	3.7	203.7	3.4	204.7
Transverse	...	...	...	0.3	322.6	0.4	231.9
Other	...	...	...	0.3	166.7	0.4	141.0
Unknown	...	...	...	4.7	33.5	3.9	63.5
<i>Type of Labour</i>							
Spontaneous onset, spontaneous delivery	...			77.1	29.4	78.9	29.7
Spontaneous onset, instrumental delivery	...			3.4	67.1	3.6	54.1
Medical induction, spontaneous delivery	...			1.6	80.9	2.3	73.6
Medical induction, instrumental delivery	...			0.2	28.6	0.2	76.9
Surgical induction, spontaneous delivery	...			8.3	69.5	6.3	74.6
Surgical induction, instrumental delivery	...			1.0	64.7	0.8	68.0
Medical and surgical induction, spontaneous delivery	...			1.3	35.2	2.1	36.1
Medical and surgical induction, instrumental delivery	...			0.3	60.0	0.2	43.5
Caesarean section	...	...		3.5	50.0	3.1	77.2
Other	...	...	...	0.3	377.4	0.3	457.6
Unknown	...	...	...	3.0	14.0	2.2	7.2

BIRTHS ASSOCIATED WITH
ABNORMALITY IN PREGNANCY OR LABOUR BY PLACE OF
CONFINEMENT

				<i>Percentage</i>	<i>Distribution of</i>		<i>births</i>
				<i>Domiciliary</i>	<i>Hospital booked</i>	<i>Hospital emergency</i>	<i>Nursing Home</i>
<i>Antenatal :</i>							
Toxaemic conditions	...	1957		9.9	81.2	8.9	—
	...	1956		12.6	79.0	8.2	0.1
Threatened abortion	...	1957		24.7	65.2	10.1	—
		1956		17.6	71.4	11.0	—
Non-toxic antepartum haemorrhage	...	1957		5.9	58.6	35.5	—
	...	1956		11.0	53.2	35.8	—
Pyelitis	...	1957		20.9	72.4	6.7	—
	...	1956		21.7	73.6	4.7	—
Anaemia	...	1957		4.8	93.1	2.1	—
	...	1956		13.5	84.4	2.0	0.1
Other conditions	...	1957		14.6	80.7	4.7	—
	...	1956		31.4	64.6	3.7	0.3
Combination of above	...	1957		2.1	91.8	6.1	—
	...	1956		9.1	85.8	5.2	—
No known antenatal disease or complication	...	1957		44.8	51.7	3.5	0.04
	...	1956		39.8	57.0	3.0	0.2
Antenatal record unknown		1957		23.1	39.6	23.7	13.6
		1956		39.7	31.1	15.4	13.8
<i>Presentation</i>							
Normal vertex (L.O.A. and R.O.A.)	...	1957		34.9	60.4	4.7	0.0
	...	1956		33.9	62.1	4.0	0.0
Occipito posterior	...	1957		43.4	49.7	6.9	—
		1956		41.8	51.6	6.6	—
Brow	...	1957		9.5	61.9	28.6	—
	...	1956		16.7	66.6	16.7	—
Face	...	1957		26.0	60.3	13.7	—
	...	1956		22.1	64.9	11.7	1.3
Breech	...	1957		12.4	73.2	14.3	0.1
	...	1956		13.9	72.4	13.7	—
Transverse	...	1957		1.6	80.7	17.7	—
	...	1956		2.9	69.6	27.5	—
Other	...	1957		9.3	77.8	13.0	—
	...	1956		12.8	73.1	14.1	—
Unknown	...	1957		29.3	50.7	6.3	13.7
	...	1956		41.5	35.5	4.8	18.2

Type of Delivery :

Spontaneous onset,						
spontaneous delivery	1957	42.0	53.6	4.4	0.0	
	1956	40.5	55.9	3.6	0.0	
Spontaneous onset,						
instrumental delivery	1957	6.4	83.2	10.4	—	
	1956	4.3	84.4	11.3	—	
Medical induction						
spontaneous delivery	1957	31.1	65.0	3.9	—	
	1956	20.9	74.3	4.8	—	
Medical induction ...						
instrumental delivery	1957	11.4	80.0	8.6	—	
	1956	7.7	92.3	—	—	
Surgical induction,						
spontaneous delivery	1957	0.8	88.6	10.6	—	
	1956	1.3	87.8	10.9	—	
Surgical induction,						
instrumental delivery	1957	—	98.5	1.5	—	
	1956	2.1	88.4	9.5	—	
Medical and surgical						
induction,						
spontaneous delivery	1957	0.8	92.2	7.0	—	
	1956	—	97.7	2.3	—	
Medical and surgical						
induction,						
instrumental delivery	1957	—	100.0	—	—	
	1956	2.2	95.6	2.2	—	
Caesarean section ...						
	1957	—	89.5	10.5	—	
	1956	—	89.2	10.8	—	
Other						
	1957	3.8	86.8	9.4	—	
	1956	8.5	67.8	23.7	—	
Unknown						
	1957	23.7	48.6	6.0	21.7	
	1956	39.5	26.1	2.6	31.8	

ANALYSIS OF NUMBER OF MIDWIFERY CASES FOR WHICH GENERAL PRACTITIONERS WERE RESPONSIBLE.

<i>Number of booked midwifery cases</i>			<i>Number of doctors in the practice</i>				
			<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>
Less than 10	...		78	27	10	4	1
10—19	...	...	45	29	3	2	—
20—29	...	...	11	21	10	1	—
30—39	...	...	8	17	7	—	—
40—49	...	...	1	5	2	2	—
50—59	...	...	—	4	3	2	—
60—69	...	...	—	—	4	2	—
Over 70	...	...	—	—	—	2*	2‡
			143	103	39	15	3

* One of these practices had 127 cases and the other 90 cases.

‡ One of these practices had 153 cases and the other 84 cases.

ANTENATAL CLINICS HELD BY GENERAL PRACTITIONERS

<i>Where held</i>	<i>Number of Clinics</i>
Maternity and child welfare centre	36
Practitioner's surgery with midwife and/or health visitor	64
Practitioner's surgery without midwife or health visitor	41
	<hr/> 141 <hr/>

ANTENATAL AND POSTNATAL CLINICS

(a) *Local Authority clinics :*

Number of separate antenatal clinics held with medical officer present	675
New expectant mothers attending these clinics	1,420
Total attendances at these clinics	9,760
Expectant mothers attending combined antenatal and children's clinics :—	
New expectant mothers registered	1,103
Total attendances	8,010
Total individual mothers attending both types of clinic	3,119
Total attendances	17,770
Number of antenatal clinics with midwife only	171
Number of new expectant mothers registered	486
Total attendances	1,493
Number of primary postnatal examinations at clinics	716
Total number of postnatal examinations	771

(b) *General practitioner clinics at welfare centres*

Antenatal :

Total of examinations of mothers	7,775
Number of new mothers registered	1,339
Number of Rhesus tests taken	486
Number of Wassermann reaction tests taken	375

Postnatal :

Number of new mothers examined	646
Number of re-examinations	89

RELAXATION CLASSES

Classes taken by physiotherapists at 11 centres.

Classes taken by midwives at 27 centres.

Classes taken by health visitors at 3 centres.

Total number of individual mothers attending	2,043
Total number of sessions held (relaxation only)	1,712
Total number of sessions held (relaxation combined with children's remedial exercises)	85
Total number of attendances	12,718
Total number of attendances at associated mothercraft classes	11,304

MASS RADIOGRAPHY EXAMINATION

Number examined by miniature film	...	...	...	5,921
Recalled for further examination	...	...	...	115
Failed to attend for further examination	...	...	...	6
Found normal on further examination	...	...	...	52
Abnormality shown—further examination requested	...	...	...	57
Abnormality shown—diagnosed on miniature film	...	...	...	44

Analysis of results of survey

1. Normal cases	...	...	...	...	5,814
2. Pulmonary tuberculosis					
(a) Referred to Chest Clinic (for assessment and/or treatment, including 6 active cases of T.B.)	...	...	...	...	21
(b) Referred to family doctor only	...	...	...	...	7
(c) No action necessary	...	...	...	...	33
					—
TOTAL	...	...	...	...	61
					==
3. Non-tuberculous conditions of heart or lungs					
(a) Referred to hospital or clinic	...	...	...	...	8
(b) Referred to family doctor only	...	...	...	...	11
(c) No action necessary	...	...	...	...	21
					—
TOTAL	...	...	...	...	40
					==

Midwives giving Notification of Intention to Practise

During the year 1957, 367 midwives notified their intention to practise in the City.

Number of City domiciliary midwives	...	...	...	...	104
Number of independent domiciliary midwives	...	...	...	...	10
Number of midwives in institutions	...	...	...	...	206
Number of midwives in Birmingham Fire and Ambulance Service	...	...	...	...	12
Number of midwives in private nursing homes	...	...	...	...	11
Number of City domiciliary part-time midwives	...	...	...	...	15
Number of independent maternity nurses	...	...	...	...	9
					—
					367
					==

NUMBER OF MIDWIVES CEASING TO PRACTISE IN THE CITY IN 1957

Number of domiciliary midwives and part-time midwives who left the City in 1957	...	...	...	...	...	4
Number of private domiciliary midwives ceasing to practise	...	...	...	...	...	2
Number of Birmingham Fire and Ambulance Service midwives ceasing to practise	...	...	...	...	...	3
Number of hospital midwives ceasing to practise	...	...	...	...	...	77
Number of midwives in nursing homes ceasing to practise	...	...	...	...	...	6
						—
						92
						==

NUMBER OF DOMICILIARY MIDWIVES IN ACTIVE PRACTICE

	No. in practice 31.12.56	Number retired during year	Number resigned or ceased to practise during year	Deaths	New appoint- ments	No. in practice 31.12.57
<i>Employed by local authority :</i>						
(1) Midwives ...	96	2	1	—	8	101
(2) Part-time midwives	14	—	1	—	1	14
(3) Ambulance midwives	13	—	3	—	—	10
<i>In private practice :</i>						
(1) Living in City ...	13	1	—	—	—	12
(2) Living outside City	6	—	—	—	—	6

Supervision of Midwives

The following visits were paid by the Supervisors of Midwives during 1957 :—

Routine visits to midwives ...	...	...	...	...	...	169
Special visits to midwives ...	...	...	...	...	...	405
Visits to stillbirths ...	...	...	...	...	...	6
Visits to neonatal deaths ...	...	...	...	...	...	6
Nursing and deliveries supervised ...	...	...	...	...	...	259
Visits to ophthalmia neonatorum cases ...	...	...	...	...	...	434
Unsuccessful visits ...	...	...	...	...	...	111
Number of interviews with midwives ...	...	...	...	...	...	950
Other interviews ...	...	...	...	...	...	113
Other visits ...	...	...	...	...	...	211
Lectures given ...	...	...	...	...	...	10

ANALYSIS OF DOMICILIARY CONFINEMENTS ATTENDED BY MIDWIVES

	City Midwives	Private Midwives
1. (a) No. of cases where midwife was engaged and solely responsible ...	831	—
(b) No. of cases in 1 (a) where for some reason it was necessary to seek a doctor's assistance during labour ...	68	—
(Of these 68 cases the doctor was present at the actual delivery of the child in 18 instances, of which 4 were instrumental deliveries)		
2. (a) No. of cases where the doctor was booked for antenatal and postnatal care under the National Health Service and where the doctor had not expressed a wish to be present at the birth ...	4,648	5
(b) No. of cases in 2 (a) where for some reason it was necessary to seek a doctor's assistance during labour ...	386	3
(Of these 386 cases, the doctor was present at the actual delivery of the child in 146 instances, of which 16 were instrumental deliveries)		

	<i>City Midwives</i>	<i>Private Midwives</i>
3. (a) No. of cases where the doctor, having undertaken antenatal and postnatal care, had expressed a desire to be notified of the onset of labour and his intention was to be present irrespective of whether that labour was likely to be normal or not ... (Of these 809 cases, the doctor was present at the actual delivery of the child in 539 instances, of which 16 were instrumental deliveries)	809	4
4. (a) No. of cases where the doctor was privately booked to deliver the patient ... (Of these 4 cases, the doctor was present at the actual delivery of the child in 3 cases. The private midwife was not in attendance in any of the cases).	4	12
5. (a) No. of cases delivered by ambulance midwives (Of these cases, 132 were booked for hospital, 20 were unbooked emergencies and 4 were booked for home confinement).	156	—

REASONS FOR SENDING FOR MEDICAL AID

MOTHERS					<i>Midwife booked and solely responsible</i>	<i>Doctor booked for antenatal and postnatal care</i>
Antepartum haemorrhage	...	...	...	...	1	10
Essential hypertension	...	...	...	...	5	19
Malpresentation	...	...	...	...	25	37
Multiple pregnancy	...	...	...	...	1	2
Other antenatal conditions	...	...	...	...	14	10
Poor general condition	...	...	...	...	1	1
Toxaemia	...	...	...	...	5	9
Urinary conditions	...	...	...	...	1	—
Varicose veins	...	...	...	...	2	2
Difficult or prolonged labour	...	...	...	...	59	121
Foetal distress	...	...	...	...	25	47
Postpartum haemorrhage	...	...	...	...	21	31
Laceration of perineum	...	...	...	...	159	278
Obstetric shock	...	...	...	...	5	5
Premature labour	...	...	...	...	17	48
Retained placenta	...	...	...	...	9	16
Inflamed breast	...	...	...	...	20	16
Other postnatal complications	...	...	...	...	32	28
Puerperal pyrexia	...	...	...	...	53	79
Thrombosis of leg veins	...	...	...	...	30	21
Abortion	...	...	...	...	6	4
Social conditions	...	...	...	...	11	3
					<hr/> 502 <hr/>	<hr/> 787 <hr/>

CHILDREN

							<i>Midwife booked and solely responsible</i>	<i>Doctor booked for antenatal and postnatal care</i>
Ophthalmia neonatorum ...	...	...	...	...	196	186		
Premature birth and debility	...	...	...	...	5	3		
Deformity or malformation	...	...	...	...	4	4		
Jaundice ...	...	...	...	...	3	2		
Inflammation or abcess of breast	...	...	...	...	1	—		
Skin eruption — pemphigus	...	...	...	...	17	8		
Unsatisfactory condition	...	...	...	...	15	43		
Other causes	...	...	...	...	20	20		
					<hr/> 261 <hr/>	<hr/> 266 <hr/>		

PREMATURITY

All babies weighing 2,500 grammes (5½ lbs.) or less are classed as premature. The proportion of total births which were premature (9·3 per cent.) was slightly higher than in 1956 (9·1 per cent.).

No information was available in respect of 15 premature live births and one premature stillbirth which occurred outside the City. The following remarks refer to the 1,543 premature live births and 232 premature stillbirths which occurred in the City.

After the rise in the stillbirth rate among premature babies from 1954 to 1956, it is satisfactory to note that the stillbirth rate fell in 1957. The neonatal death rate remained more or less stationary. The proportion of women booked for hospital delivery who had premature stillbirths was slightly less than in 1956. An increasing proportion of all premature live births were born in hospital.

The neonatal death rate among hospital deliveries has risen. Among the domiciliary deliveries the neonatal death rate rose among those babies weighing 2,000 grammes or less but over 2,000 grammes there has been a reduction in the neonatal death rate.

Domiciliary Care of the Premature Infant

Seven midwives specially trained were engaged in the domiciliary care of the premature baby. The premature baby midwife takes over the care of the mother and child from the booked midwife, or the care of the baby on its discharge from hospital. She works in close contact with the family doctor and may visit the infant three or four times a day to

ensure its wellbeing. When her specialised care is no longer necessary, she hands over the supervision of the infant to the health visitor. The premature baby midwife's work not only includes specialised feeding and nursing techniques but health education for the family and an explanation to them of the needs and susceptibilities of such a small babe so that they may understand the importance of good management and prevention of infection. A loan service is in operation for these cases and the equipment available includes specially designed cots, blankets, hot water bottles, clothing and thermometers.

Premature baby midwives

Home confinement and baby after-care at home	166
Home confinement, care by premature baby midwife and subsequent admission to hospital	9
Home confinement, care by premature baby midwife, admission to hospital and care by premature baby midwife on discharge	7
Home confinement, admission to hospital and care by premature baby midwife on discharge	16
Hospital confinement and nursed by premature baby midwife on discharge	547

Other Midwives

Home confinement—not transferred to premature baby midwife	66
Home confinement and admission to hospital	57
Born in ambulance en route to hospital	24

HOME CONFINEMENT AND BABY AFTER-CARE AT HOME. There were 166 infants in this category, cared for by the premature baby midwives, among whom were five sets of twins and three babies of twin deliveries. The weight distribution was as follows :—

<i>Birth weight</i>	<i>Number</i>
1,501—2,000 grammes	1
2,001—2,250 grammes	41
2,251—2,500 grammes	124

There were three neonatal deaths among them at two hours, four days and one month respectively. The causes of death were bilateral otitis media with aspiration of vomit, bronchopneumonia and prematurity, and congenital pneumonia.

There were 66 infants in this group, the majority weighing over 2,250 grammes, who were not transferred to the care of the premature baby midwife. Seven of these babies died—all within a few hours after birth.

HOME CONFINEMENT—SUBSEQUENT ADMISSION TO HOSPITAL. There were 32 premature infants in this category, cared for by the premature baby midwife, including one set of twins and a single child of twin birth. The weight distribution was as follows :—

<i>Birth weight</i>							<i>Number</i>
1,001—1,500 grammes	...	...	...	...	...	...	2
1,501—2,000 grammes	...	...	...	...	...	...	6
2,001—2,250 grammes	...	...	...	...	...	...	11
2,251—2,500 grammes	...	...	...	...	...	...	13

There was one neonatal death among them. They were admitted to hospital for the following reasons :—

Vomiting	...	...	...	...	...	...	...	2
Unsuitable home	...	...	...	...	...	...	...	1
Poor condition	...	...	...	...	...	...	...	21
Cyanosis	...	...	...	...	...	...	...	3
Illness of mother	...	...	...	...	...	...	...	3
Cerebral irritation	...	...	...	...	...	...	...	1
Umbilical haemorrhage	...	...	...	...	...	...	...	1

In addition there were 57 babies born at home who were transferred to hospital within 24 hours. There were 14 neonatal deaths among them.

HOSPITAL CONFINEMENT—BABY NURSED BY PREMATURE BABY MIDWIFE ON DISCHARGE. There were 547 infants in this category, 26 of whom were born in 1956 and discharged to the care of the premature baby midwife in 1957.

BORN IN AMBULANCE

Twenty-four babies were born in ambulance en route to hospital. Of these, 12 were subsequently discharged to the care of the premature baby midwife.

Follow-up of Premature Infants

The table below, supplied by Dr. V. M. Crosse, shows the history up to one year of 1,433 premature babies born alive in 1956. Of the 1,068 of these infants examined at one year, 53 were found to have some abnormality. Of these, a proportion can be corrected by suitable operations.

<i>Birth weight Group</i>	<i>Up to 2 lbs. 3 ozs. (1,000 g.)</i>	<i>Over 2 lbs. 3 ozs. up to 3 lbs. 4 ozs. (1,500 g.)</i>	<i>Over 3 lbs. 4 ozs. up to 4 lbs. 6 ozs. (2,000 g.)</i>	<i>Over 4 lbs. 6 ozs. up to 4 lbs. 15 ozs. (2,250 g.)</i>	<i>Over 4 lbs. 15 ozs. up to 5 lbs. 8 ozs. (2,500 g.)</i>
Original number in each group	51	116	240	305	721
Neonatal deaths	46	61	49	24	21
Alive at 4 weeks	5	55	191	281	700
Died after 4 weeks and before 1 yr.	—	1	10	5	13
Left City or untraced	1	8	18	36	72
Followed to age of 1 yr.	4	46	163	240	615
Abnormalities found at 1 year	2 =(50.0%)	6 =(13.0%)	12 =(7.4%)	12 =(5.0%)	21 =(3.4%)
	1 Eye defect 1 Hernia	1 Squint 1 Hernia 2 Talipes 1 Microcephaly 1 Retarded	3 Squint 3 Hernia 1 Cataract 1 Hydrocephalus 1 Dislocated hip 1 Limb defect 1 Cerebral palsy 1 Retarded and fits	3 Squint 5 Hernia 1 Keratitis 3 Congenital heart	6 Squint 5 Hernia 1 Ear defect 1 Deaf 2 Mongol 2 Congenital heart 1 Achondroplasia 1 Spastic arm 1 Undescended testicles 1 Retarded and renal hypoplasia

Statistics

PERCENTAGE INCIDENCE OF PREMATURE BIRTHS AMONG :

		1957	1956	1955	1954	1953	1952
Total births	...	9.3	9.1	9.2	8.7	8.4	7.9
Stillbirths	...	56.0	61.3	61.8	58.2	52.0	57.1
Live births	...	8.2	7.9	7.9	7.6	7.4	6.9
Neonatal deaths (0—4 weeks)	...	67.4	64.6	68.9	61.2	66.6	61.8
Deaths (4 weeks— 1 year)	...	23.1	20.2	18.2	15.4	14.7	17.9
Total infant mortality	...	54.8	52.0	53.0	47.2	50.5	46.7

DEATH RATES AMONG PREMATURE AND MATURE BABIES

Year	Stillbirth Rate		Neonatal Deaths per 1000 live births		Death Rate 4 weeks—1 year	
	Premature	Mature	Premature	Mature	Premature	Mature
1957 ...	130.7	10.5	140.6	6.0	19.3	5.8
1956 ...	155.6	9.9	140.3	6.8	17.9	6.0
1955 ...	155.3	9.6	136.6	5.4	17.0	6.6
1954 ...	144.5	10.0	138.4	7.1	15.1	6.8
1953 ...	145.5	12.3	162.8	6.4	16.1	7.4
1952 ...	145.3	9.2	154.4	7.5	23.8	8.1

STILLBIRTH RATE BY CAUSE

Cause of Death Primary Factor	Premature				Mature			
	1957	1956	1955	1954	1957	1956	1955	1954
Antenatal causes :								
Toxaemia ...	26.5	35.9	27.2	37.8	1.2	0.6	1.4	1.3
Separation of placenta ...	15.8	18.3	21.1	12.4	1.0	1.1	0.4	0.8
Rhesus incompatibility ...	6.2	2.9	1.2	4.3	0.3	0.5	0.3	0.3
Other maternal conditions	0.6	2.4	2.4	1.2	—	0.5	—	0.1
Other causes ...	15.2	20.6	7.9	9.9	1.1	0.9	0.3	0.5
Intranatal causes :								
Breech presentation ...	5.1	2.9	7.9	5.6	0.6	0.6	0.7	1.0
Other difficult labours ...	3.4	3.5	4.8	3.1	1.8	1.4	1.9	1.6
Other causes ...	6.2	10.0	4.8	3.7	1.8	1.5	1.6	0.8
Congenital malformation ...	31.5	35.9	44.1	36.0	1.5	1.0	1.1	1.3
Unknown causes ...	20.3	23.0	33.8	30.4	1.2	1.7	1.9	2.3
Total ...	130.7	155.6	155.3	144.5	10.5	9.9	9.6	10.0

NEONATAL DEATH RATE BY CAUSE
(PER 1,000 LIVE AND STILL BIRTHS)

<i>Cause of Death</i> <i>Primary Factor</i>				<i>Premature</i>				<i>Mature</i>			
				1957	1956	1955	1954	1957	1956	1955	1954
<i>Antenatal causes :</i>											
Toxaemia ...	...	...	14·6	21·2	12·1	12·4	0·1	0·1	0·2	—	—
Separation of placenta ...	...	...	20·8	22·4	25·4	24·2	0·1	0·1	0·2	0·1	0·1
Rhesus incompatibility ...	...	...	1·1	0·6	1·8	1·2	0·2	0·2	0·2	0·4	0·4
Other maternal conditions	...	...	8·5	12·4	7·9	6·2	0·2	0·1	0·2	0·2	0·2
Other causes ...	...	...	9·0	2·4	1·2	1·9	0·1	—	0·1	0·1	0·1
<i>Intranatal causes :</i>											
Breech presentation ...	...	...	3·4	1·8	1·2	4·3	0·4	0·3	0·2	0·3	0·3
Other difficult labours ...	...	...	0·6	0·6	1·8	2·5	0·9	0·4	0·3	0·6	0·6
Other causes ...	...	...	3·4	3·5	3·6	3·1	0·9	1·5	0·8	0·8	0·8
<i>Postnatal causes :</i>											
Infection ...	...	...	2·8	1·2	6·0	1·9	0·5	1·1	0·6	0·9	0·9
Other ...	...	...	1·7	2·4	4·8	7·4	0·3	0·8	0·6	0·8	0·8
Congenital malformation ...	...	...	13·5	15·3	15·1	14·9	2·1	2·5	2·0	2·7	2·7
Prematurity only ...	...	...	41·1	34·8	33·8	38·4	—	—	—	—	—
Unknown causes ...	...	...	1·7	—	0·6	—	0·2	—	—	—	—
Total ...	...	...	122·3	118·6	115·4	118·4	5·9	6·8	5·4	6·8	6·8

INCIDENCE OF DISTRIBUTION OF KNOWN WEIGHT AMONG
PREMATURE STILLBIRTHS AND LIVE BIRTHS

				<i>2,000 grammes and under</i>	<i>2,001—2,250 grammes</i>	<i>2,251—2,500 grammes</i>
<i>Stillbirths</i>				%	%	%
1957 ...	...	...	76·7	9·5	13·8	13·8
1956 ...	...	...	77·6	9·0	12·5	12·5
1955 ...	...	...	79·4	10·1	10·5	10·5
1954 ...	...	...	77·2	10·3	12·5	12·5
<i>Live births</i>						
1957 ...	...	...	28·3	21·8	49·9	49·9
1956 ...	...	...	28·4	21·3	50·3	50·3
1955 ...	...	...	29·2	23·8	47·0	47·0
1954 ...	...	...	27·5	23·3	49·2	49·2

NEONATAL DEATH RATE AMONG PREMATURE BABIES

				<i>2,000 grammes and under</i>	<i>2,001—2,250 grammes</i>	<i>2,251—2,500 grammes</i>
1957 ...	...	...	398·2	56·5	31·2	31·2
1956 ...	...	...	383·3	78·7	29·1	29·1
1955 ...	...	...	372·5	45·0	36·5	36·5
1954 ...	...	...	376·3	87·2	29·4	29·4

STILLBIRTHS BY ATTENDANT AT BIRTH

	<i>Domiciliary</i>		<i>Hospital booked</i>		<i>Hospital emergency</i>		<i>Nursing Home</i>	
	<i>Premature</i>	<i>Mature</i>	<i>Premature</i>	<i>Mature</i>	<i>Premature</i>	<i>Mature</i>	<i>Premature</i>	<i>Mature</i>
	%	%	%	%	%	%	%	%
1957	15.1	19.1	65.9	62.3	19.0	18.6	—	—
1956	11.4	20.2	66.7	58.9	21.2	20.9	0.7	—
1955	15.2	22.2	65.0	63.9	19.5	12.7	0.3	1.2
1954	18.5	23.7	61.4	58.0	18.0	17.2	2.1	1.1

STILLBIRTH RATE BY ATTENDANT AT BIRTH

	<i>Domiciliary</i>		<i>Hospital booked</i>		<i>Hospital emergency</i>		<i>Nursing Home</i>	
	<i>Premature</i>	<i>Mature</i>	<i>Premature</i>	<i>Mature</i>	<i>Premature</i>	<i>Mature</i>	<i>Premature</i>	<i>Mature</i>
1957	92.1	5.7	131.7	11.0	193.8	42.8	333.3	—
1956	78.5	5.8	162.4	9.6	253.4	54.4	200.0	—
1955	104.3	6.0	154.6	10.3	256.4	35.7	166.7	15.5
1954	103.6	6.4	142.7	9.9	229.5	48.3	384.6	10.8

PREMATURE LIVE BIRTHS BY ATTENDANT AT BIRTH

	<i>2,000 grammes and under</i>		<i>2,001—2,250 grammes</i>		<i>2,251—2,500 grammes</i>	
	<i>Domiciliary</i>	<i>Hospital</i>	<i>Domiciliary</i>	<i>Hospital</i>	<i>Domiciliary</i>	<i>Hospital</i>
	%	%	%	%	%	%
1957	13.5	86.5	22.8	77.2	27.4	72.6
1956	17.7	82.3	23.6	76.4	29.1	70.9
1955	20.8	79.2	20.7	79.3	27.5	72.5
1954	22.6	77.4	24.6	75.4	30.5	69.5

NEONATAL DEATH RATE (PER 1,000 LIVE BIRTHS) BY ATTENDANT AT BIRTH

	<i>2,000 grammes and under</i>		<i>2,001—2,250 grammes</i>		<i>2,251—2,500 grammes</i>	
	<i>Domiciliary</i>	<i>Hospital</i>	<i>Domiciliary</i>	<i>Hospital</i>	<i>Domiciliary</i>	<i>Hospital</i>
1957	339.0	405.8	65.8	50.4	14.3	37.7
1956	305.6	398.2	69.4	81.5	33.7	27.7
1955	329.4	383.9	14.5	53.0	44.2	33.6
1954	261.9	411.6	101.3	82.6	33.8	27.5

AGE AT DEATH OF PREMATURE BABIES AND OF BABIES OVER 2,500 GRAMMES (DEATHS UNDER 4 WEEKS)

<i>Age at death</i>	<i>Premature Babies</i>		<i>Babies over 2,500 grammes</i>	
	<i>Per cent.</i>	<i>Per cent.</i>	<i>Per cent.</i>	<i>Per cent.</i>
	<i>of deaths</i>	<i>of live births</i>	<i>of deaths</i>	<i>of live births</i>
Less than 24 hours ...	55.3	7.8	43.7	0.26
24 hours, less than 48 hours ...	17.5	2.5	10.7	0.07
48 hours, less than 1 week ...	21.6	3.0	23.3	0.14
1 week, less than 2 weeks ...	2.3	0.3	9.7	0.06
2 weeks, less than 3 weeks ...	2.3	0.3	7.8	0.04
3 weeks, less than 4 weeks ...	0.5	0.1	4.9	0.03
Unknown ...	0.5	0.1	—	—
All ages to 4 weeks ...	100.0	14.1	100.0	0.13

MATERNITY AND CHILD WELFARE CENTRES

(SECTION 22—NATIONAL HEALTH SERVICE ACT, 1946)

Two new centres were opened during the year, at Sisefield Road, Poole Farm, on the 3rd April and Fourlands Road, Northfield, on the 10th April, making a total of 51 centres. The clinic formerly held at Moseley Road Methodist Church Hall was transferred to premises at 397, Moseley Road on the 2nd July, 1957.

On the 1st April, 1957, a major reorganisation of the antenatal and child welfare clinics took place following the decision of the Health Committee to terminate the services of the 29 part-time medical officers as from the 1st April, 1957. As a result, the number of sessions, including antenatal sessions, at which a medical officer was available for consultation was 7,606, compared with 9,802 in 1956. The number of sessions, including antenatal sessions, for which nursing staff only were responsible was 647, compared with 300 in 1956. In many instances, instead of separate sessions for antenatal mothers on the one hand and children on the other, combined sessions were held. Mothers were encouraged to bring their children by appointment only, from the age of nine months onwards although they were at liberty to bring them at any other time if they had cause for anxiety. At the same time, attendance at general practitioners' clinics showed an increase. Although their attendance is not recorded in the statistics given at the end of this section of the Report, no less than 482 children living outside the City attended clinics at the periphery during the year.

The use of the child welfare centre as the focal point in the area for activities connected with the health and wellbeing of the community as a whole made further progress during the year. Facilities were granted to the Welfare Committee for occupational therapy sessions for handicapped persons to be held at three child welfare centres, namely Acocks Green, Quinton Lane and Stirchley. In addition, the Probation Officer appointed to the Lea Hall area held a Report Centre at the Lea Hall Centre.

The number of parents' evening meetings held was doubled, being 60 in 1957 compared with 33 in 1956.

Antenatal Clinics and Postnatal Clinics
Mass Radiography for Mothers
Relaxation Classes

} See Maternity
Services Section.

Audiology Clinic

A total of 2,324 children under the age of five years underwent a screening test for hearing in the child welfare centres during the year 1957. Of these 78 were referred to the Audiology Clinic for further examination. In addition 38 cases were referred to the Audiology Clinic from hospital consultants and other local authorities.

An additional health visitor was appointed to take part in this work during the year and attended a course at the Audiology Department in the University of Manchester. Six health visitors are now engaged in the testing, training and visiting of children who are deaf or under investigation for hearing difficulties. Each visitor covered an allotted area in the City in addition to her normal duties.

Joint clinics were started with the Consultant Ear, Nose and Throat Surgeon, who is also Consultant to the School Health Service, which proved a great help not only in assessing the cases but expediting any treatment required. We have also received much help in liaison with the Nursing Sister engaged in the school deaf service. The head teachers from the two deaf schools in Birmingham continued to attend the Audiology Clinic. Their services were much appreciated not only by the doctors and health visitors but by the parents, who were thus enabled to meet their children's future teachers at the earliest opportunity and to have the benefit of their educational advice.

Three parents' meetings were held on Saturday afternoons when a film and two talks were arranged. The meetings were well attended and appreciated both by parents and children.

Foot Clinic

Children continued to be referred to this clinic during the year. At the beginning of the year sessions were held at three clinics in the City but, owing to falling demand, this number was reduced to two and then to one. Finally, towards the end of the year it was decided to close the session at Lancaster Street and to refer the children to the ordinary welfare centres, where they would become the responsibility of the clinic medical officers.

Remedial Exercise Classes

During the year children attended classes held by the physiotherapists at six centres.

					1957	1956
Number of individual children attending	...	...	...	...	167	218
Number of sessions held :						
Remedial exercises only	...	...	...	...	193	239
Combined with relaxation	...	...	...	...	85	
Total number of attendances	...	...	...	...	1,617	2,286

Chiropody Clinic

The Chiropody clinic continued to be held for four sessions weekly.

					1957	1956
Total number of sessions held	...	...	...	...	177	181
Total number of attendances	...	...	...	...	1,268	1,425
Average number of patients called per session	...	...	...	...	10	10
Average number of attendances per session	...	...	...	...	8	8

Consultation Clinics

					No. of sessions	No. of attendances
Dr. Braid's paediatric clinic	...	...	...	...	20	58
X-ray clinic	...	...	...	...	36	232
Adoption clinic	...	...	...	...	34	166

Sewing Classes

Sewing classes for mothers have been held at 38 centres, with a total attendance during the year of 12,958.

Health Talks

Mothers made 22,229 attendances at health talks during clinic sessions in the course of the year, in addition to the attendances at mothercraft classes held in conjunction with relaxation classes and antenatal clinics at hospitals, and to the 1,943 attendances at parents' meetings held in the evening at the centres.

Voluntary Workers

The Executive Committee for the Association of Voluntary Workers held one meeting during the year. Two general meetings were held, one on 2nd April at Erdington Centre, when Dr. Mary Winfield gave a talk entitled "The Work of the Family Planning Association" and the second on 2nd October at Weoley Castle Centre, when Mrs. Mary Potter, Organiser for Health Education, spoke on "Social Work in Prison."

Statistics

LOCAL AUTHORITY CHILD WELFARE CLINICS

PERCENTAGE OF CHILDREN VISITED IN THEIR OWN HOMES, WHO
ATTENDED CHILD WELFARE CLINICS

Year		0—1 year	1—2 years	2—3 years	3—4 years	4—5 years
1951	...	71.9	59.1	34.8	26.4	20.5
1952	...	71.3	58.8	34.4	28.2	20.9
1953	...	73.2	60.1	34.9	25.8	21.7
1954	...	75.1	61.4	35.8	26.0	21.6
1955	...	74.3	64.0	39.0	29.0	24.5
1956	...	74.1	65.6	40.0	30.3	24.4
1957	...	72.2	65.2	58.8	28.9	23.6

CHILDREN'S CLINICS

FREQUENCY OF ATTENDANCE AS A PERCENTAGE OF ATTENDERS IN EACH AGE GROUP

<i>Children who made :</i>	<i>0—1 year</i>			<i>1—2 years</i>			<i>2—5 years</i>		
	<i>1955</i>	<i>1956</i>	<i>1957</i>	<i>1955</i>	<i>1956</i>	<i>1957</i>	<i>1955</i>	<i>1956</i>	<i>1957</i>
1—2 attendances	26·1	26·7	28·6	34·5	35·0	34·2	64·4	60·8	67·1
3—5 attendances	23·9	23·9	25·0	25·6	25·5	26·8	32·5	36·0	29·4
6—11 attendances	28·1	29·3	29·9	24·4	24·2	24·1	2·7	3·2	3·2
Over 12 attendances	21·9	20·1	18·6	15·5	15·3	14·9	0·4	—	0·4

CHILDREN'S CONSULTATION CLINICS

BIRTH TO 5 YEARS

Number of clinics held :

(1) With doctor attending	...	...	...	...	...	3,294
(2) Without doctor attending	...	...	...	...	...	647
New children attending	...	...	...	...	...	13,013
Total attendances	...	...	...	...	...	130,334
Average attendance per clinic	...	...	...	...	...	33
Total examined by doctor	...	...	...	...	...	46,206
Average seen by doctor per consultation	...	...	...	...	...	14

APPOINTMENT CLINICS

Number of clinics held	...	...	...	...	...	1,120
Total attendances	...	...	...	...	...	16,379
Average attendance per clinic	...	...	...	...	...	15
Total number of individual children examined	...	...	...	...	...	16,061
Number of these children attending the centre for the first time ..	...	...	...	...	...	934

COMBINED CLINICS—CHILDREN ATTENDING

Number of combined clinics	...	...	...	...	...	2,517
New children attending	...	...	...	...	...	4,160
Number of children who attended without appointment	...	...	...	...	...	29,228
Number of attendances by appointment only	...	...	...	...	...	18,958
Average attendance per clinic	...	...	...	...	...	19
Total number seen by doctor	...	...	...	...	...	28,972
Average seen by doctor per clinic	...	...	...	...	...	12
(In addition, the medical officer on an average examined three expectant mothers).						

DEFECTS AMONG CHILDREN ATTENDING APPOINTMENT CLINICS

Number of individual children having a defect	...	...	...	...	...	...	...	...	7,639
<hr/>									
Eyes :									
Squint	...	...	...	...	...	...	...	...	317
Inflammatory condition	...	...	...	...	...	...	...	...	59
Other eye conditions	...	...	...	...	...	...	...	...	33
<hr/>									
Skin :									
Eczema	...	...	...	...	...	...	...	...	299
Purulent conditions	...	...	...	...	...	...	...	...	24
<hr/>									
Ear, Nose and Throat :									
Otorrhoea	...	...	...	...	...	...	...	...	76
Deafness	...	...	...	...	...	...	...	...	31
Enlarged or diseased tonsils and/or adenoids	...	...	...	...	...	...	...	...	1,849
Nasal obstruction and/or mouth breathing	...	...	...	...	...	...	...	...	221
<hr/>									
Teeth :									
Carious or defective	...	...	...	...	...	...	...	...	2,487
<hr/>									
Glands :									
Enlarged	...	...	...	...	...	...	...	...	957
<hr/>									
Heart :									
Congenital	89
Rheumatic conditions	109
Anaemia	28
Lung conditions	95
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Rickets :									
Active	6
Rachitic deformities	35
Knock knee	1,197
Flat foot	408
Other deformities	497
Mentality (backward)	...	...	...	...	...	...	...	...	42
Speech (backward or defective)	...	...	...	...	...	...	...	...	125
Enuresis...	...	...	...	...	...	...	...	...	229
Other	...	...	...	...	...	...	...	...	42
<hr/>									
Total defects	...	...	...	...	...	...	...	...	9,255
<hr/>									

More than one defect may have been found in the same child.

GENERAL PRACTITIONERS' CHILDREN'S CLINICS

(a) *At welfare centres :*

Number of individual children attending :

under 1 year	...	...	378
1— 2 years	...	...	335
2— 3 years	...	...	145
3— 4 years	...	...	74
4— 5 years	...	...	67

Frequency of attendance :

<i>Individual children who made</i>	<i>0—1 year</i>		<i>1—2 years</i>		<i>2—5 years</i>	
	<i>No. who attended</i>	<i>% of G.P. clinic attenders</i>	<i>No. who attended</i>	<i>% of G.P. clinic attenders</i>	<i>No. who attended</i>	<i>% of G.P. clinic attenders</i>
1— 2 attendances	84	22·22	97	28·95	195	68·18
3— 5 attendances	104	27·50	77	23·00	61	21·33
6—11 attendances	129	34·15	117	34·92	13	4·55
12 and over attendances ...	61	16·13	44	13·13	17	5·94
Total attendances	378	100·00	335	100·00	286	100·00

Number examined ...	...	...	...	...	...	...	7,800
Number seen by health visitor only	...	...	...	...	...	...	1,850
Diphtheria immunisation	...	...	...	...	...	...	381
Whooping cough immunisation	...	...	...	...	...	...	77
Combined diphtheria and whooping cough immunisation	...	...	...	...	...	...	1,712
Vaccination ...	...	...	...	...	...	...	909
Number of individuals attending health talks given by health visitors ...	...	...	...	...	...	...	8,037

(b) *At general practitioners' surgeries :*

Total attendances :

under 1 year ...	...	2,046	}	2,605
1— 2 years	...	242		
2— 5 years	...	251		
over 5 years	...	66		
Number examined ...	...	...	...	1,352
Number of children seen by health visitor	...	...	...	1,850
Diphtheria immunisation ...	...	...	...	—
Whooping cough immunisation	...	...	...	381
Combined diphtheria and whooping cough immunisation	...	...	...	1,712
Vaccination ...	...	...	...	909
Number of individuals attending health talks given by health visitors ...	...	...	...	8,037

AUDIOLOGY CLINIC

Number of children on books at 31st December, 1956	...	...	50
Number of children under guidance and supervision at 31st December, 1957	...	...	62
Children from 1956 still attending at 31st December, 1957	18		
Children from 1957 still attending at 31st December, 1957	44		
Number of children seen for testing only during 1957	...	...	74
Discharged	...	...	42
Still under supervision	...	...	32
Number of children for training in 1957	...	...	70
Discharged	...	...	40
Still attending 1st January, 1958	...	...	30
Number of children discharged	...	...	82
Disposal :			
To Deaf school	...	...	26
Nursery school	...	...	7
Care of Local Health Authority	...	...	13
Normal hearing	...	...	36

Causes of deafness ascertained in 1957

Acquired deafness :

Catarrh middle ear disease	...	...	13
Birth injury	...	...	1
Prematurity	...	...	1
Prematurity and kernicterus	...	...	2
Cerebral palsy	...	...	5

Congenital deafness :

Familial	...	...	3
Associated mental backwardness	...	...	16
Congenital	...	...	18

Degree of deafness :

Profound	...	...	17
Partial and undetermined	...	...	35
High tone loss	...	...	7

DENTAL TREATMENT

General

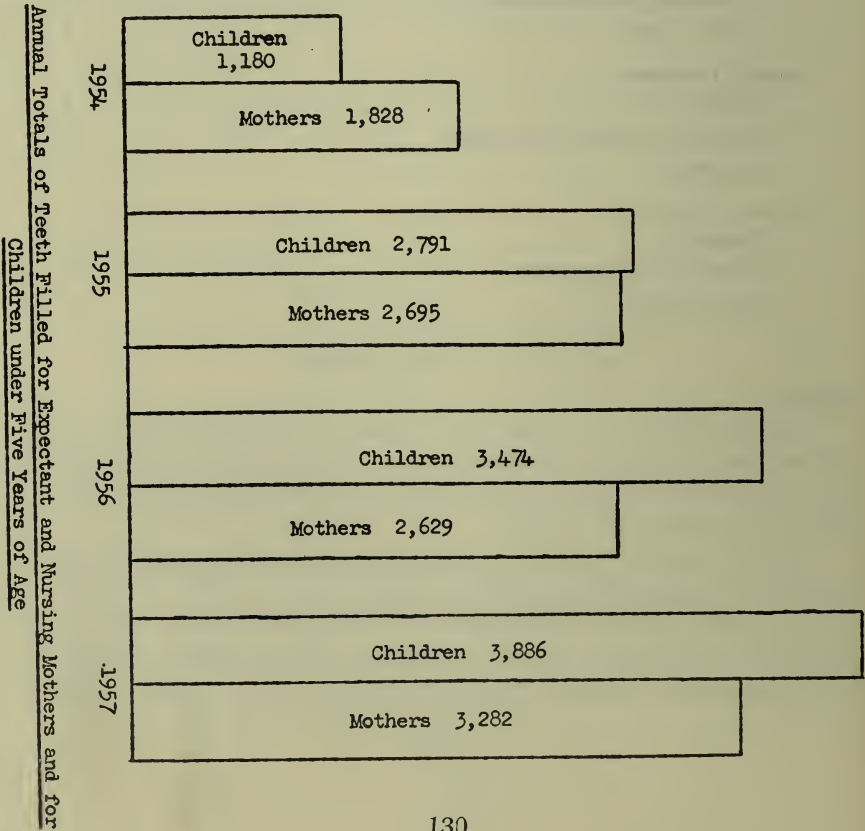
Children under five form an ever increasing proportion of our patients. The treatment of their teeth presents some special difficulties and, while this has been mentioned in earlier reports, a further word or two on the subject may not be out of place.

Apart altogether from the question of extractions and the upset caused by them, great care must be taken not to exceed the tolerance of these young children for conservative work. This varies enormously from child to child and can be very low. Once a child's tolerance is exceeded it takes time and much perseverance before fillings are again

well tolerated. By the time the child is referred to the clinic extensive conservative treatment, which is so often required, is therefore ruled out. This leads to the necessity for inspection by a dental surgeon of children's teeth from an early age, say about three years, which should lead to the discovery of any cavities while they are still very small and can be easily and quickly filled. If the decayed areas are visible to the parent they are in many cases too large to be filled satisfactorily. A further important point is that if the maximum benefit is to be obtained treatment should be followed up, if at all possible, by a further inspection three to four months later, as in some mouths this length of time is sufficient for quite large holes to develop.

To make clear the value of fillings in the temporary molars, it needs to be emphasised that these teeth have to serve until the child is 10 or 11 years old and that their premature loss may lead, in many cases, to the permanent teeth coming through out of place and requiring orthodontic treatment later on.

Many parents also do not realise that as soon as they come through the gums their children's teeth are open to attack from our present day diet. Remnants of this, which contain a large proportion of refined sugar and starch, cling around the teeth after eating and are capable of starting the attack on the enamel which leads to decay. The teeth, therefore, require care in the form of efficient but gentle cleaning with a soft brush from the moment when they first appear.



By the time they are five years old more than four out of every five children are in need of dental treatment and when they reach adult life more than 98% of the population have received or are in need of dental treatment in one form or another. It would, therefore, seem desirable that the habit of dental care and treatment should be acquired early and with as little discomfort and upset as possible. It needs, however, to be reiterated that there are strong grounds for believing that dental decay can be much reduced by simple care on the part of the public themselves. The measures taken to try to make people aware of the facts in this connection will be dealt with more fully in a later paragraph.

The figures for last year show a substantial further increase in the number of teeth conserved for both mothers and children. There seems to be no doubt that conservative treatment is accepted to-day more readily than it was a few years ago and certainly one sees fewer grossly septic mouths which can only be treated by extraction of all the teeth, than was the case, say, ten years ago. This all seems to be part of improved educational standards, particularly regarding personal hygiene, and in this improvement it is felt that dental health education can reasonably claim a share.

Facilities for taking radiographs are available at Lancaster Street and the mechanical work in connection with the supply of dentures continues to be undertaken by an outside firm of technicians.

Statistics

Mothers

Number examined	...	...	...	...	...	2,787
Number needing treatment	...	...	...	...	...	2,760
Number whose treatment was completed	...	...	...	...	...	1,532
Administrations of general anæsthetics	...	...	...	...	...	1,774
Teeth extracted under general anæsthetics	...	...	...	...	...	9,211
Local anæsthetics	...	...	...	...	...	1,157
Teeth extracted with local anæsthetics	...	...	...	...	...	1,243
Teeth filled	...	...	...	...	...	3,282
Mouths scaled	...	...	...	...	...	640
(+ 652 by hygienist)						
Number of teeth treated with silver nitrate	...	...	...	...	...	55
Number of radiographs	...	...	...	...	...	110
Number of mothers supplied with dentures	...	...	...	...	...	1,040
Number of dentures supplied	...	...	...	...	...	1,792
Total attendances						11,780

Children

Number examined	...	...	...	...	...	4,749
Number needing treatment	...	...	...	...	...	4,277
Number whose treatment was completed	...	...	...	...	...	3,922
Administration of general anaesthetics	...	...	...	...	...	2,255
Teeth extracted under general anaesthetics	...	...	...	...	...	5,732
Teeth filled	...	...	...	...	...	3,886
Number of teeth treated with silver nitrate	...	...	...	...	...	5,512
Number of radiographs	...	...	...	...	...	1
Total attendances						9,346

Compared with last year these figures show an increase in the total of attendances. There is an increase of some 12% in fillings for children and of 25% for mothers while there is a slight decrease in the number of extractions in both these categories. The number of dentures fitted also shows a slight increase. It should be pointed out that this year the number of teeth treated with silver nitrate has been recorded, whereas in the past it has been cases treated. The total number of sessions was 2,350 and the average attendance was 3.97 children and 5.0 mothers.

Professional staff

Efforts to recruit further whole time dental officers have so far proved unsuccessful. The number of part-time dental surgeons has remained fairly constant although there have been changes in personnel, two officers resigning during the year and three being appointed.

The number of sessions per week at the various clinics at the end of the year are given below, together with the figures at the end of 1956 for comparison :—

<i>Clinic</i>					1957	1956
Lancaster Street ...	...	...	...	...	14	11
Carnegie ...	...	...	...	...	9	10
Treaford Lane ...	...	...	...	...	12	12
Northfield ...	...	...	...	...	6	6
Kingstanding ...	...	...	...	...	5	6
Quinton Lane ...	...	...	...	...	3	2
					—	—
Total ...	...	...	...	...	49	47
					—	—

Accommodation

In the Report for 1956 the hope was expressed that in 1957 it would be possible to carry out improvements to the dental clinic at Lancaster Street and provide a new dental clinic at Farm Road. This, unfortunately, has not proved possible but final approval has now been given to both these projects and it is hoped that they will be completed in 1958.

Hygienists

It has not proved possible to recruit a second hygienist during the year. Considerable effort has been directed towards finding the most effective way of using the services of the one remaining and it is felt that the figures for 1957 show that some success has been achieved. The number of attendances for treatment by the hygienist was 1,142 and 652 scalings were completed.

The above figures, of course, indicate only part of her work, as she has seen all new patients who have attended at the dental clinic during sessions at which she has been present, and has spent a considerable amount of time in giving them instruction on how to look after their teeth and their children's teeth.

Dental Health Education

During 1957 the established means of Dental Health Education have continued. These include talks to groups of various kinds—displays in welfare centres and poster displays during selected months but, in addition to these methods, it was felt that some means was needed of getting into touch with a larger proportion of the general public. When, therefore, a stand was offered at the National Trades, Homes and Gardens Exhibition, held at Bingley Hall from April 3rd to 26th, the offer was gladly accepted.

The site was of reasonable size, being some 20ft × 8ft. and was opposite the end of one of the gangways. Since it would have been quite impossible for the Public Health Department to have manned this stand for the whole period of the exhibition, the co-operation of various other bodies who were interested in dental health education was sought. These were the School of Dental Surgery of Birmingham University, the School Health Service, the United Birmingham Hospitals, the Local Dental Committee and, in particular, the Central Counties Branch of the British Dental Association. The latter undertook the organisation of a rota of dental surgeons who were prepared to give their time entirely on a voluntary basis to man the stand. The whole effort was, to a large extent, experimental and many valuable lessons have been learned from it.

The amount of interest shown by the public was surprising and, at the more busy times, limitation appeared to be set by the available frontage of the stand.

Four main points would appear to be worthy of special mention. The first was the decision to use a display of slides accompanied by a commentary recorded on a tape-recorder. This was always found to attract a considerable crowd when it was being shown and served to underline the attraction of this type of demonstration to the public.

The second point was the use of a multiple stereoscopic viewer which was loaned by the General Dental Council. This had a number of slides of dental conditions, which, when viewed through the eye-pieces, appeared as three dimensional.

From the counts taken on a number of occasions it would appear that, during the time the exhibition was open, some 34,000 people looked in at the viewer.

The third point concerned a competition which consisted of answering ten questions relating to Dental Health. All the information needed could be found on the stand or in the commentary. Some

8,000 entry forms were distributed and a little over 1,000 were returned completed. A prize of £5, which was generously donated on this occasion by the Central Counties Branch of the British Dental Association, was offered for the first correctly completed entry form opened.

The fourth and final point relates to the attitude of the public. It was felt that the public would be put off if the stand were labelled prominently as "Dental." This proved to be quite mistaken and the amount of interest shown by the public was most surprising.

It was felt that the time and trouble devoted to organising this stand was very worth while and if opportunity permits it could well be repeated. Our thanks are due to all those people who generously gave their help to make the venture a success.

The City of Birmingham Show held at Handsworth Park early in September provided a further opportunity for disseminating information to the public. A small tent was taken for this purpose and the main feature was the showing of a sound film on Dental Health. The drawing power of this apparatus was again demonstrated as there was no difficulty in attracting a crowd of 30 to 40 people at each showing. This is not to say, of course, that anything like this number stayed to see the whole film through but, on the other hand, there is no doubt that everybody who saw it would pick up some points about Dental Health. This also was felt to be a venture which might well be worth repeating.

CARE OF THE UNMARRIED MOTHER

The proportion of live births which were illegitimate was 64.1 per 1,000 live births in 1957, as compared with 61.9 in 1956 and 53.2 in 1955. A proportion of these illegitimate births were to women cohabiting in a more or less permanent relationship. The latest statistics supplied by the Registrar General show that one in every five women (20.5%) giving birth to a first baby have been married for less than nine months. Those girls who are unfortunate enough to bear a child without the support of a husband or the natural father face humiliation and a deep emotional conflict. The children, too, are denied the advantages of a secure family background, thus too often repeating the earlier experiences of their mothers who frequently come from broken homes. Even so, with increased maternity benefits the unmarried girl is at the present time more independent and is often in a position to deal with her immediate problems prior to and after the confinement, especially if she accepts admission to a Mother and Baby Home, and can go back to her former employment. There are those who would go so far as to say that illegitimacy is no longer a problem at all so long as there are more would-be adopters than babies available for adoption, but to remove the baby is merely to remove a symptom, leaving the deep-rooted causes which lead to illegitimacy, untouched.

Three state registered nurses (two with health visitors' certificates) are engaged in the care of the unmarried mother. Two of these nurses supervise the day nurseries in addition. Thirty-one per cent. of the children attending the day nurseries on the 31st December, 1957, were illegitimate. This service enables unmarried mothers to keep their children and go out to work.

During 1957, 793 women sought advice compared with 912 in 1956 ; of these, 476 were having their first baby, 202 had had one or more illegitimate children, 81 were married, 16 were legitimate pregnancies and 18 were resident outside the City. Of 17 homeless married women applying to the Department for advice and help, three were given temporary accommodation in Beechcroft Mother and Baby Home.

Forty girls under the age of consent came to the Department—three 14 year olds, eleven 15 year olds and twenty-six 16 year olds.

The number of West Indian girls applying for assistance during 1957 was 144 as compared with 165 in 1956. Of these, 103 were first pregnancies since coming to England, 40 were second pregnancies in England and one her third pregnancy in England. This class of unmarried mother has received a fair amount of publicity but the National Council for the Unmarried Mother and her Child, in their last annual report state that the illegitimacy rate among foreign girls working in this country is no higher than amongst British girls.

This Department works in full co-operation with the Social Workers attached to the Diocesan Moral Welfare Council and other voluntary associations, the Roman Catholics and the Salvation Army. Most of the young girls, particularly those under the age of 18, are admitted to Lyncroft House, the Salvation Army Mother and Baby Home.

Beechcroft Mother and Baby Home (Capacity 18 mothers and 14 babies)

The local authority is responsible for this mother and baby home, which is non-denominational. The number of mothers admitted during 1957 was 95 and the number of babies 89, while 91 mothers and 86 babies were discharged.

Mothers in residence on 1st January, 1957	...	10
Babies in residence on 1st January, 1957	...	9
Mothers in residence on 31st December, 1957	...	12 + 2 in maternity hospital.
Babies in residence on 31st December, 1957	...	12

Of the 95 admissions, three were homeless married women.

The health of the mothers and babies has been very good on the whole.

Four mothers were admitted to hospital for antenatal care, three mothers were admitted to mental hospitals as voluntary patients and one mother was certified and admitted to a hospital for mental defectives. One mother was admitted to the Women's Hospital for a slight operation after the birth of her baby.

One baby was transferred to the Children's Hospital a few days after his return from the Maternity Hospital and died later from meningitis and multiple abscesses. This baby was the ninth child of a homeless married woman who has seven children in care. Another baby, a mongol, who was discharged home with her mother, died some months later in hospital. The coloured baby of the mother who was certified and admitted to a hospital for mental defectives on the 15th May, 1957, was admitted to a residential nursery and developed quite normally. At the age of six months, although apparently well, he was found dead in his cot—the postmortem disclosed that he had died from natural causes so no inquest was held.

Of the babies in the Home during the year 37 were discharged with their mothers—33 to their own homes and four to domestic posts with their mothers; three were transferred to foster homes and eight to residential nurseries. Thirty-seven children were placed for adoption, 19 through the Children's Department and 18 through other adoption societies, and one baby was transferred to hospital and later died.

There were 12 premature babies, i.e., weighing less than 5½ lbs. at birth, the smallest being twins weighing 3 lbs. 14 ozs. and 3 lbs. 10 ozs. There were three sets of twins. One baby was vaccinated against small-pox and one baby was given B.C.G. vaccination as a precautionary measure.

Of the 95 mothers admitted to Beechcroft during 1957, 74 were personally interviewed by the medical officer. Of these, 46 were having their first baby—39 were single and 7 were married (4 separated). Of the 39 single girls, 20 were under 21 years and 3 babies were premature (one being a Mongol which died later). Their occupations were as follows:— 14 factory workers, 11 clerks and typists, 3 nurses, 4 shop assistants, 2 waitresses, 1 laundry worker, 1 usherette, 1 'bus conductress, 1 receptionist and one worked in the country. Seventeen of their babies were adopted, 18 were discharged with their mothers (4 to domestic posts), 3 to residential nurseries and one to a foster home.

Of these 39 girls, seven had never known their parents, having been brought up in various homes and two had been adopted. Eleven girls had come from broken homes (death or separation), three from unhappy homes, four where one parent had died and two where one parent had been in hospital for long periods. One girl was in lodgings—there was no work available near her home—and one girl had been put out of her home when her father heard of the pregnancy, and she lived with the Indian putative father. Thirty-two girls had received no help from the putative father although they were encouraged to apply for affiliation orders.

Of the seven married girls having their first baby, four had already separated from their husbands. Of these, there were three typists, one

factory worker, one waitress, one 'bus conductress and one receptionist. Five of the girls had received no financial help though two of the alleged putative fathers did not know of the pregnancy and had disappeared. Three of the babies were adopted and four were discharged home with their mothers.

Of these seven, one had no knowledge of her parents (she had already separated from her husband), and one had been adopted at the age of three weeks. The other five had come from homes inadequate by reason of the death of one parent, or separation.

There were eighteen girls having their second babies and two of these had twins. Twelve were single girls and six were married. Of the twelve single girls, two were under 21 years. Their occupations were as follows—seven factory workers, two clerks, one children's nurse, one laundry worker and one waitress. Of these twelve single girls, three first babies were in foster homes—two of these girls offered their second babies for adoption and the third girl placed her second baby in another foster home.

Seven of the first babies previously born to these girls were at home with mother and grandmother and two of these mothers were discharged home with their second babies. Four of the girls had their second babies adopted and one baby was placed in a foster home. Two of the girls who had their first baby adopted were discharged with their second babies, one to her home and one with twins to a domestic post.

Of the six married girls having their second baby—one was widowed and the grandmother had the legitimate child ; the second baby, illegitimate, was placed for adoption. One girl had separated from her husband owing to cruelty, the first child being looked after by the grandmother—the second baby was discharged to lodgings with the mother. One girl, separated from her husband because of cruelty, has her first child, for which the husband pays, in a residential nursery, and the second baby, reputed to be the husband's, was taken home with the mother to her mother's house. Another girl, separated from her husband, had the second baby adopted, the first baby being with the grandmother. Another girl, separated from her husband for seven years, had twins who were placed for adoption by the Children's Department, the first baby being in a foster home. Another, separated from her Indian husband after five years of marriage because of cruelty. This is her second Jamaican illegitimate baby, the first baby being with the father, who married another girl. The second baby was placed in a foster home with a view to adoption.

These six married women seemed to come from apparently normal homes. Three were factory workers, one was a 'bus conductress, one a bar assistant, and one a nurse. None of them had received money from the putative fathers—one husband paying maintenance for the first baby.

Of the four girls having their third baby, one was single—a factory worker—the father of all three children being a married man with three children of the marriage. Both illegitimate children were in foster homes and the putative father was paying 35/- towards them, but owing money. This girl will not leave this man. The third baby was discharged to lodgings with the mother.

Of the three married women having their third baby, one, a Jamaican, was nursing in a mental hospital, two of her children being looked after by the grandmother in Jamaica. The baby was put in a foster home, the girl returned to nursing. Another divorced her husband two years ago, her mother looking after the two children of the marriage. The third baby was adopted and the girl returned to nursing. Another, divorced from her husband, who has the two children of the marriage with him, was discharged home with the third baby. She was a nursing auxiliary. None had financial assistance from the putative father.

Of the two having their fourth pregnancy, both were married and separated from their husbands. One had twins—she had been living with the putative father and she returned to him with the twins. She was a nursing auxiliary. The second was married in 1950 and had three children of the marriage, all of whom are with her husband's parents. The husband is in prison for two years. She says the fourth baby is her husband's and she is trying to get a separation from him for non-maintenance and cruelty. The baby was discharged to lodgings with the mother, and the probation officer was trying to help her. She was a pale, pathetic, useless type of woman, quite unable to cope with life, and she worked as a cleaner in a men's hostel.

Of the three having their fifth pregnancy, one, a single girl, had all her babies except one by the same father. She has tried hard to get him to marry her but he disappears. She has had a long history of mental illness and had to be transferred to a mental hospital from the mother and baby home. Her baby was admitted to a residential nursery. She has had three babies adopted and one is in a voluntary home outside Birmingham. She is a factory worker and has not received any financial help from the putative father. The second was also single with three of her children in various homes in Ireland. Her fifth baby was placed for adoption and she took the toddler back to Ireland with her. The third having her fifth baby, was married in 1947 and has four children of the marriage, one being with the husband and the other three with the husband's mother. The fifth baby was premature (birth weight 4 lbs. 10 ozs.) and she deserted her, leaving her in Beechcroft. The baby was transferred to a residential nursery and later placed for adoption.

One mother having her sixth baby was married but separated two years ago and had four children of the marriage. The first illegitimate child is in a foster home. She delivered herself of this baby in her lodg-

ings and had to be transferred to Beechcroft. The present baby was transferred to Father Hudson's Homes, Coleshill. She was a canteen worker.

A homeless married woman was admitted to Beechcroft with her ninth pregnancy. Six of her children are in the care of the local authority, one of her babies had died previously and one child is in a foster home awaiting adoption. Her new baby died in the Children's Hospital.

Statistics

During the year, 793 cases were dealt with by this Department. Of these, 202 were multiple, 81 were married, 16 were legitimate pregnancies and 18 were resident outside the City.

<i>Arrangements for new cases in 1957</i>	<i>First cases</i>	<i>Multiple cases</i>	<i>Married women</i>
Mother and Baby Homes			
Beechcroft	44	12	12
Francis Way	11	6	1
Lahai-Roi (2 had previously been in Beechcroft)	24	—	—
Lyncroft House	38	—	—
Woodville	16	4	—
Homes out of City	13	1	—
Own home entirely	15	8	6
Own home except for confinement ...	291	166	59
Left City before delivery	26	5	3
	<u>478</u>	<u>202</u>	<u>81</u>

<i>Situation at the end of year</i>	<i>No. of cases</i>	<i>Percentage</i>
Antenatal cases—		
(a) In homes awaiting delivery	12	1.58
(b) In own home awaiting delivery	154	20.30
Mothers and babies still in Homes	23	3.03
Babies having died, and stillbirths	21	2.77
Babies having been adopted	69	9.09
Babies with foster mothers	18	2.38
Mothers having married babies' fathers	46	6.06
Mothers living with babies' fathers	96	12.65
Mothers and babies having left City	61	8.03
Babies in Homes without mothers	21	2.77
Mothers at home with their babies	235	30.95
Not pregnant	2	.26
Miscarriage	1	.13
	<u>759</u>	<u>100.0</u>

Home visits paid by health visitors <i>re</i> unmarried mothers	...	616
Mothers visited in hospital	... ..	56
Homes inspected <i>re</i> suitable lodgings with babies	... ..	16
Office interviews—applications	... ..	777
Office interviews—other than applications	... ..	677
Office interviews <i>re</i> V.D.	... ..	3
Number of women referred to Diocesan Workers	... ..	23

Lodging money grant—

Amount spent	... ..	£4 15 0
Amount refunded...	... ..	—
		<hr/>
		£4 15 0
		<hr/>

Girls under age of consent :

14 years old	... ..	3
15 years old	... ..	11
16 years old	... ..	26

Multiple cases (excluding married women) :

1st child died	... ..	17
1st child in residential nursery	... ..	8
1st child adopted	... ..	20
1st child adopted by grandparents	... ..	1
1st child in care of relatives	... ..	88
1st child with mother	... ..	64
1st child fostered	... ..	4
		<hr/>
		202
		<hr/>

Of these 202 cases, 26 are living with the putative father, 13 have married the putative father and 68 have been dealt with previously.

Married women :

Separated from husband	... ..	53
Divorced	... ..	5
Widows	... ..	12
Living with husband	... ..	11
		<hr/>
		81
		<hr/>

Of these :—

Living with putative father	...	...	...	...	...	...	...	5
Left City	...	...	...	...	...	...	...	7
Died	...	...	...	...	...	...	...	5
Own home with baby	...	...	...	...	...	...	...	29
Had baby adopted	...	...	...	...	...	...	...	18
Fostered	...	...	...	...	...	...	...	3
Antenatal	...	...	...	...	...	...	...	14
								<hr/> 81 <hr/>

Sixteen married women, with legitimate pregnancies, applied to the Department for help and advice. These were exclusive of homeless cases. Five were admitted to Beechcroft.

Eighteen resident out of City cases were dealt with.

Seventeen homeless married women applied to this Department for help during 1957. Three were given temporary accommodation in Beechcroft.

DAY NURSERIES

On the 1st January, 1957, there were 1,070 places for children in the 23 day nurseries and one 24 hour nursery maintained by the Committee.

Owing to the falling attendances, the day nursery at 43, Park Road, Moseley, was closed on the 16th March, 1957. The children who still required nursery accommodation were transferred to other nurseries and the staff who wished to continue in the nursery service were transferred to fill existing vacancies.

The alterations at 29, Elvetham Road, Edgbaston, were completed and the nursery extended to the full capacity of 45 children on the 4th February, 1957.

The reasons for admission under priority groups 1 and 2 remained much the same as in previous years. Admissions under group 3 were slightly fewer.

There was a marked reduction in the number of homeless women accommodated in the hostels, who applied for the admission of their children to day nurseries. Seventeen children of 13 mothers were admitted during the year and their length of stay varied from one day to seven weeks.

There was an increase in the number of children from problem families admitted at the request of the Mental Health Section, Children's Department or the Family Service Unit. Thirty-five children have been admitted during the year for periods varying from one day to eleven months. Where the stay was long enough to show results, there was a marked improvement in the children's health and development.

There has again been a heavy demand for accommodation at the Somerset Road Nursery. Seventy-four children were admitted during their mother's confinement and 62 during their mother's illness. Twenty-three of the latter were long stay cases.

During the past five years there has been a steady proportional increase in demand for places for children under two years, as shown by the following table :—

						<i>0—2 years</i>	<i>2—5 years</i>
						%	%
31st December, 1953	...	...	...	...	...	34·27	65·73
„ „ 1954	...	...	...	...	...	34·55	65·45
„ „ 1955	...	...	...	...	...	37·09	62·91
„ „ 1956	...	...	...	...	...	39·00	61·00
„ „ 1957	...	...	...	...	...	41·66	58·33

There has also been an increase in the number of coloured children attending day nurseries. On the 31st December, 1957, there were 123 coloured children on the day nurseries' registers. At least two-thirds of these were West Indian children—the remainder were half castes, Indian and West Indian.

Inspectors of the Ministry of Health visited four nurseries during the year and recommended as follows :—

Approved for training	.....	326, Charles Road.
		29, Elvetham Road.
		50, Highfield Road.
Approved for part training	.....	23-25, Grantham Road.

In view of the difficulties of the building at Grantham Road Nursery, it was recommended that students should receive part of their training in a nursery with more suitable premises.

The two year training course for the National Nursery Examination Board Certificate continues. Students attend Garrison Lane Training Centre for one day each week for vocational training and Bournville Day Continuation College or Brooklyn Farm Technical College for another day each week. During 1957, 38 candidates were interviewed for selection for nursery training, of whom 25 were accepted and 8 taken on for a trial period. For four candidates training was postponed for six months. One girl withdrew her application. At the three examinations conducted in Birmingham for the National Nursery Examination Board Certificate, the following results were obtained from the day nurseries :—

March, 1957	...	...	...	...	2 passed	1 failed
July, 1957	...	...	...	...	15 passed	1 failed
December, 1957	...	...	...	...	15 passed	1 failed

A refresher course for wardens and prospective wardens was held at Garrison Lane Training Centre from the 20th June—11th July, 1957. Three wardens and four acting wardens attended the course.

NUMBER OF CHILDREN ON DAY NURSERY REGISTERS, 1957

	0—1 <i>years</i>	1—2 <i>years</i>	2—5 <i>years</i>	Total	<i>Average daily attendance for 1957</i>
1st January, 1957 ...	142	215	555	912	738
31st December, 1957	145	238	548	931	

ANALYSIS OF CHILDREN IN THE NURSERIES ON 31st DECEMBER, 1957

GROUP 1. Children whose mothers were the main or sole support :

Unmarried mothers	...	...	...	...	...	...	380
Widows	...	...	...	...	...	...	61
Women separated from husbands	...	...	...	...	...	...	289
Husbands in prison	...	...	...	...	...	...	13
Husbands sick or disabled	...	...	...	...	...	...	31
							<hr/> 774 <hr/>

GROUP 2. Children whose mothers were unable to look after them through illness, etc. :

Long term illness	...	...	...	...	...	...	31
Short term illness	...	...	...	...	...	...	25
Confinement	...	...	...	...	...	...	32
Mothers dead	...	...	...	...	...	...	12
Mothers deserted	...	...	...	...	...	...	19
Contacts of tuberculosis	...	...	...	...	...	...	6
							<hr/> 125 <hr/>

GROUP 3. Children requiring admission for their health or proper development :

National Service, deaf or blind parents, etc.	...	...	...	...	...	16
Problem families	...	...	...	...	...	13
Homeless families	...	...	...	...	...	3
						<hr/> 32 <hr/>

NUMBER OF PRIORITY CHILDREN ON WAITING LIST

	<i>0—1</i>	<i>1—2</i>	<i>2—5</i>	
	<i>year</i>	<i>years</i>	<i>years</i>	<i>Total</i>
31st December, 1956	47	34	63	144
31st December, 1957	58	39	46	143

Daily Guardian Scheme

The Daily Guardian Scheme has been continued as in previous years. The main difficulty of this scheme is that few applications for registration as daily guardians come from the inner wards of the City, where the

demand for child minders is greatest. Many women from the outer wards of the City apply for registration as daily guardians.

Number on register, 1st January, 1957	...	...	...	...	48
Number of persons resigned during 1957	...	...	...	...	20
Number of new registrations	...	...	...	...	13
Number on register, 31st December, 1957	...	...	...	...	41
Number of children accommodated	...	...	...	...	74

Nurseries and Child Minders Regulation Act, 1948

There are 37 persons and 13 premises registered under the Nurseries and Child Minders Regulation Act, 1948, and they are inspected regularly by members of the medical staff.

Three hundred and thirty-six places for children under the age of five years are now available.

There is an increasing number of persons applying to be registered as the demand for children to be minded grows.

	<i>Persons</i>		<i>Premises</i>	
	<i>Number registered</i>	<i>Places for children</i>	<i>Number registered</i>	<i>Places for children</i>
1st January, 1957 ...	23	97	11	154
New applications ...	20	78	2	25
Applications for additional places ...	—	—	—	4
Resignations ...	6	22	—	—
31st December, 1957	37	153	13	183

HEALTH VISITING

(SECTION 24—NATIONAL HEALTH SERVICE ACT, 1946)

The work of the health visitor continues to grow in importance. She is the key social worker in the home, whose quiet unobtrusive work among the families in her area is the foundation on which the personal health services of the local authority are built. She is the link between the general practitioner and the health department on the one hand and between the hospital and the department on the other. In particular, very valuable work has been done during the past year in looking after the many infants and young children who are being cared for by child minders. Because the work is, in many ways, unspectacular its value tends to be underestimated, especially in times of financial stringency. This is all the more unfortunate as opportunities for further service to the community by the health visitor, which call for additional staff, are opening out in every direction.

A perusal of the reports from health visitors attached to hospitals given below, shows one of the directions in which invaluable work is being done, but which is only touching the fringe of what is required.

It is therefore satisfactory to note that the number of health visitors employed on work in the field at the end of 1957 was 106 compared with 102 at the end of 1956, and that, in consequence, the average case load of children under five years per health visitor was 782, compared with 812 in 1956, thus enabling health visitors to extend their work in other much needed directions. The number of children visited was 82,951. In 49 per cent. of the visited households, there were both children under five years and of school age.

Care of Mother and Child

There has again been a rise in the birth rate and, in consequence, the number of primary visits to infants was 19,140 as compared with 18,581 in 1956. The number of domiciliary visits to mothers and young children has shown an increase from 200,835 in 1956 to 203,053 in 1957.

General Health Visiting

There was an increase in visits to children of school age, adults other than expectant or nursing mothers, general practitioners, and visits for investigation of medical conditions in connection with applications for re-housing. The visits to old people were in addition to those paid by the health visitors especially detailed for this work, and which are referred to on page 165. The number of visits relating to the Tuberculosis Follow Up Survey have fallen.

Hospital Follow-up

This work is becoming of increasing importance and there are now nine health visitors attached to hospitals throughout the City. The following are extracts from the reports of the health visitors attached to hospitals :—

ACCIDENT HOSPITAL

During the past year the resettlement of the injured aged (females over 60 years of age) has been added to the original work of the follow-up of burns and scalds and problems affecting children admitted to the children's ward. This has proved a very worth-while undertaking.

Mrs. A., over 70, was involved in a road accident. Her husband is over 80. There is no family. On visiting, Mr. A. was found to be entirely dependent on his wife. His mental and physical condition was poor, the home was neglected and he was living on a meagre diet. This state of affairs could and would continue were it not for the early visit from the health visitor.

On the other hand, there is the maiden lady of 70 years living alone. She is independent and refuses to accept "charity." When the facilities available to her are explained and the word "charity" eradicated, she is more than grateful to find on her discharge from hospital, added comforts loaned from the Home Nursing Service.

Often on admission the patient's son or daughter is given as next of kin. All seems well until, on visiting, it is found that the "boy or girl" is aged 60 or over and is, in fact, mentally or physically handicapped, or even both. This situation calls for further help from the public health services.

Education of relatives plays a very important part in home visiting. Constipation (the dread of so many aged people) and what is best to take, is among one of their first questions. Prevention of bed sores, the necessity of keeping the patient mobile, adequate diet and warmth is explained to the relatives who have the care of the aged.

It is pleasing to note that in the Burns Unit, no child under the age of five years had died during the past year. Unfortunately, over the age of five, two deaths have been recorded (both extensive burns).

In the 0—5 age group, scalds are still frequent. These include scalds from teapots, kettles, saucepans, boilers, buckets and hot water bottles.

During the past year the health visitor has been working in co-operation with a psychiatric social worker attached to the Unit. She has considered the mental and emotional aspects of burning and, out of 198 cases investigated, 169 cases showed some emotional disturbances such as nervousness, depression, aggressiveness, feeding problems, sleeping problems.

Following this report it has been suggested that parents should play a greater part in the nursing of the burned child. Suggestions put forward include :—

- (a) Home nursing where facilities are available.
- (b) Early discharge.
- (c) Open wards and, where space is available, mother's bed beside cot.
- (d) Special instructions in " How to handle the child."
- (e) A kind and sympathetic approach to mothers.

The extensive use of the " Pop " bottle for storing all types of liquids, i.e., disinfectants, bleaches and all kinds of oil, has resulted in children being admitted for a 24 hour period. A follow-up visit on discharge has been paid to impress on parents the danger of this practice.

Head injury cases are also visited on discharge. The youngest child visited was a baby 3—4 months, with a parietal fracture.

In pyrexia of unknown origin and where older children show signs of extreme nervousness, a visit and report is often requested by the ward doctor.

CHILDREN'S HOSPITAL

The Health Visitor has regular visiting sessions but may in the case of emergency, attend at the request of the hospital. An example of this type of emergency is the sick child who comes up to " Casualty " but is not ill enough for admission. The mother is given advice on treatment and nursing care and has strict instructions to return to hospital the following morning. She fails to return and a home visit is paid to ascertain the reason for her default. In a number of cases the condition of the child has been found unsatisfactory and he has been taken back to hospital forthwith.

About 50 per cent. of visits were to obtain priority in re-housing on medical grounds on a recommendation by a consultant. The Health Visitor obtains full details and passes them to the Health Department for assessment as to the degree of priority which is warranted. This saves the local health visitor paying a duplicate visit.

Other visits were required through neglect, dirty and verminous conditions and feeding difficulties. A good proportion of children were admitted to hospital suffering from nutritional anaemia. Parents were visited and the importance of a balanced diet was explained to them. Supervision of " long stay " children was carried out on discharge. This included advice on treatment, nursing and diet.

On an average there were about four calls a week from health visitors requesting information on certain children in their areas. All medical notes are available.

DUDLEY ROAD HOSPITAL

Visits paid during 1957 were similar to the previous year in number and types of cases. The greatest number were primary visits to infants under two years of age, a large proportion having been admitted to hospital with some respiratory infection.

In addition, attendance at the special hospital clinic for children having recurrent bronchitis and asthma has proved both interesting and worth while. Several surveys have been carried out in different parts of the country on these conditions, home visiting by the health visitor forming no small part, and it is on this basis that visits to these children's homes have been undertaken. A large proportion of the affected children live in unsatisfactory housing conditions and this aspect forms quite a problem when visiting.

In addition, during the year several home visits were made at the request of the psychiatrist. The remainder of visits undertaken were for feeding problems, poisonings, anaemia, to advise on diet, etc., and special diets.

GENERAL HOSPITAL (Diabetic Clinic)

The value of the Health Visitor associated with this clinic is illustrated by her going at the request of the hospital to visit an old lady who had been unable to keep her hospital appointment. The patient was in bed after a slight stroke, which had robbed her of her speech, and she could only speak a few words and those with great difficulty. Her husband was trying to cope with her diet and he appeared a little bewildered by it all as he said "She has always done it herself." The diet was explained to him and, in conjunction with the district nurse, arrangements were made for the old lady to have her bed downstairs.

The visits are nearly all to new cases, including quite young children, as well as elderly people. On the first visit the patient is usually found to be a little bewildered. It is a human failing to think "This cannot happen to me." They can be helped and reassured by discussing their diets and the reason for the limitation of carbohydrate intake.

In the case of the elderly patient, feet are inspected and general foot care advised. Where necessary, an appointment is made to see the chiropodist when next attending hospital.

In cases where insulin is prescribed, the district nurse attends until the patient is capable of administering it personally and, where the patient is already giving it, the equipment is inspected and advice is given concerning its general care. Every endeavour is made to encourage the patient "to live with his diabetes" as, once the condition is controlled, the diabetic can live a useful and happy life and, in the case of those employed, the majority can usually follow their normal employment.

LITTLE BROMWICH GENERAL HOSPITAL

The greater part of the work has been a follow-up from the infectious disease side of the hospital. Whooping cough was prevalent during the first nine months of the year. Of approximately 70 children visited, 45 were under six months, of whom 15 were under two months. About 20 per cent. had bronchopneumonia or collapse of lung and were to return for x-ray. Many of them were also anaemic and needed a course of iron treatment.

Over 100 children with gastro-enteritis were visited ; several were children of a month and under whose admission to an infectious diseases hospital is most undesirable, 31 children were under three months and 15 children were so dehydrated on admission that they were given intravenous saline. During the period April to July, several very young children were admitted suffering from measles, the youngest being 18 days. Other cases visited were convalescing following dysentery, meningitis and bronchopneumonia.

Eight children presenting feeding problems and a few who were mentally retarded were visited on discharge. Once these mentally retarded children are sent into hospital their parents realise what a problem they were, and may be reluctant to take them home.

The majority of homes visited have been in the central areas and, although other children in the families have been ill at the same time, e.g., with whooping cough and measles, only the youngest child in each family has been admitted into hospital.

QUEEN ELIZABETH HOSPITAL

The reasons for the hospital follow-up visits paid by the health visitor are extremely varied. The majority of the patients visited were those who were sent home having an incurable disease, either to be nursed at home by relatives or by the district nurse. With these particular patients, the visit paid by the health visitor to the home is sometimes done before the patient's discharge from hospital, to assess the home conditions, management and type of help which might be needed to assist in nursing the patient at home. It often includes advice about financial problems and on the preparation of the sickroom and other requisites.

When the patient returns to his home, re-visits are paid. In some instances the extent of deterioration in the patient's condition often necessitates other arrangements, e.g. it may be necessary to remove the patient to a special hospital or home. The almoner makes the necessary arrangements with the general practitioner.

Where the prognosis of the patient is very grave visits are paid, in particular, to help the wife or relative. These visits are always very welcome and give a certain amount of moral support.

Where the wife has had to give up her work to nurse her husband at home and where the patient is having special diet, monetary difficulties are often outstanding and it may be necessary to request financial or help in kind, other than National Insurance Sick Benefit and National Assistance. An estimate is made of the amount and kind of help which may be needed in the home, which may warrant the assistance of neighbours or a home help. On the other hand, in a case of arthritis, visits were paid to discourage the husband and daughter of the patient giving her too much help and the patient was encouraged to help herself more and to take up handicrafts. Soon she was cooking lunch, which she has not done for many years.

Home visits are of particular value to patients with colostomy to help in reorientating their attitude of mind and to readjust them to their domestic life.

Visits have been carried out in a few cases where the consultant has requested an urgent report on the housing situation but, often with children under five years of age in the family, the health visitor on the area has been approached for information already in her possession.

Visits are paid in an advisory capacity to gastric and diabetic patients regarding special diet. In some cases financial help was requested.

Two patients, who attempted suicide, are still needing constant visiting. In one case, an old people's entertainment club proved helpful in enabling the patient to meet other people. Chiropody and dental treatment is being received and the home help visits twice weekly. The other patient is now living with her married son but visits are being paid to help her to settle down in her new surroundings. It is hoped that an interest in some form of occupational therapy may be introduced. Advice on seeking financial help has been given.

Old people have been visited for a variety of reasons, in most instances to help the patient to settle into a new life with close relatives and also to help the relatives to understand the needs, moods and independence of the elderly relative ; in other words to build up good family relationships. These visits are only carried out when no other supervision is given.

On Tuesday mornings the Health Visitor has a consultation with each of the eight almoners in turn and on Thursday mornings attends a ward round on the professorial unit. After the round there are case conferences on some of the patients.

ROYAL ORTHOPAEDIC HOSPITAL

The types of cases visited may be summarised as follows :—

1. Patients whose stay in hospital has been three months or over.
2. All patients discharged from hospital who live alone or in lodgings.
3. Cases known to need nursing equipment ; ramps, gadgets, etc.

4. Children defaulting in treatment, or whose condition deteriorates when they return home.
5. Parents of children suffering from congenital dislocated hips, to help them to prepare for children's discharge from hospital in plaster.
6. Housing problems, caused by medical or physical disability.
7. Occasional cases referred to the Almoner, Children's Hospital or Officer of the Welfare Department.

Of 409 patients who were visited for the first time, 210 needed help. Of these 210 patients, 21 needed medical attention, because i.e. plaster was cutting into skin, supports were uncomfortable or there was severe swelling of limbs. Eighty-three patients needed medical equipment. Thirty-one children defaulting in treatment were found to require escorts so that they could attend hospital. In eleven instances home helps were required. The help of the Welfare Department was required in 14 instances to provide ramps, etc. Twenty-seven patients had housing problems and 23 had problems of employment, finance and convalescence. These latter were referred to the Almoner.

SELLY OAK HOSPITAL CHILDREN'S WARD

Visits have been paid to most of the children discharged from the medical wards at Selly Oak Hospital during 1957.

There has been a decrease in the number of feeding problems admitted, but the number of poisonings in the under five age group remains fairly stationary. Parents are still not fully aware of the danger of leaving tablets and disinfectants in accessible places.

The changing trend in the treatment of the sick child has resulted in a shorter stay in hospital, followed by more outpatient visits. This has produced problems, such as difficulty in keeping appointments because of distance, other children to bring as well, or the parents thinking the child no longer needed to attend because it seemed better. A number of visits have been paid to defaulters and it has been possible, in most cases, to secure satisfactory attendance.

Due to the lack of demand for children's beds during 1957, it has been possible to keep children in hospital for social reasons until adequate arrangements could be made for their discharge.

SELLY OAK HOSPITAL DIABETIC CLINIC

At the request of the hospital, diabetic follow-up work started in December, 1957 and the nature of the work is very similar to that in connection with the diabetic clinic at the General Hospital, as the following examples show :—

Mr. L. was seen at the clinic. He came alone and as he was deaf it was rather doubtful how much he understood about his treatment. A visit was paid to his home. His wife is hemiplegic but his daughter,

a young mother of two children, is alert and intelligent. The diet was explained to her and also the foot care he would need daily.

Mrs. S. lives in a council house with her husband and three young children. Her insulin giving technique is satisfactory. The diet card was lost and no foods were weighed. The daily carbohydrate intake varied by some 150 to 250 grams. The need for regular times for injections and meals was explained and a number of misunderstandings about treatment were cleared up. The scales were brought back into use and a new diet containing a regular carbohydrate allowance given.

Resumé of Health Visitors' Work in 1957

Year				<i>Number of health visitors engaged in the field at 31st December</i>	<i>Number of visited children under 5 years</i>	<i>Child case load per health visitor</i>
1943	...	...	...	98	75,310	768
1944	...	...	...	99	82,839	837
1945	...	...	...	98	86,935	887
1946	...	...	...	103	93,572	908
1947	...	...	...	111	98,223	885
1948	...	...	...	111	99,190	894
1949	...	...	...	106	97,910	924
1950	...	...	...	109	97,852	898
1951	...	...	...	101	95,582	946
1952	...	...	...	91	91,842	1,009
1953	...	...	...	87	88,936	1,022
1954	...	...	...	93	86,662	932
1955	...	...	...	106	84,407	796
1956	...	...	...	102*	82,910	812
1957	...	...	...	106†	82,951	782

*Ten part-time health visitors engaged for a total of 40 sessions weekly counted as equal to four full-time health visitors.

†Ten part-time health visitors engaged for a total of 47 sessions weekly.

TOTAL NUMBER OF ROUTINE VISITS PAID TO CHILDREN UNDER 5 YEARS

Primary visits	19,140	} Total 181,429
Routine visits—children 0 to 1	...	...	...	...	42,660
Routine visits—children 1 to 2	...	...	...	...	36,632
Routine visits—children 2 to 5	...	...	...	...	82,997

TOTAL NUMBER OF SPECIAL VISITS PAID TO CHILDREN UNDER 5 YEARS

Children 0 to 1	7,696	} Total 16,072
Children 1 to 2	...	...	...	...	3,287
Children 2 to 5	...	...	...	...	4,309
Ophthalmia neonatorum...	...	...	...	...	780

TOTAL NUMBER OF VISITS TO EXPECTANT MOTHERS

Antenatal first visits	2,595	} Total 5,129
Antenatal re-visits and antenatal special visits	2,534	

TOTAL NUMBER OF VISITS POSTNATALLY

(a) Postnatal visits	301	} Total	423
(b) Neonatal deaths	...	...	...	...	66
(c) Stillbirths	...	...	...	...	56

GENERAL HEALTH VISITING

(a) Scabies	84	} Total	11,460
(b) Domestic helps	...	...	...	...	50
(c) Children of school age	...	...	...	...	804
(d) Adults (other than antenatal and postnatal visits)	...	...	...	...	1,494
(e) Old people (women 60+, men 65+)	...	...	...	...	972
(f) To general practitioners	...	...	...	...	129
(g) Re insanitary conditions	151		
(h) Housing	726		
(i) Tuberculosis follow-up survey	7,050		

Grand Total	214,513
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Total number of useless calls	44,706
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HOSPITAL FOLLOW-UP

		1957	1956
Number of sessions at hospital	...	621	619
Number of visiting sessions	...	605	651
Total number of home visits	...	2,583	2,546

THE HEALTH VISITORS' TRAINING CENTRE

1. Health Visitors' Training Course

The thirty-fifth course of training for the Health Visitors' Certificate of the Royal Society for the Promotion of Health commenced on the 2nd September, 1957. The examination will take place in Birmingham in June, 1958.

The response to the advertisements for Birmingham assisted students showed a slight decrease on the previous year. Sixty-one enquiries were received and of these, 31 application forms were not returned. Of the 30 completed applications received, one candidate was over the age limit, two candidates failed to have the necessary qualifications, five candidates failed the entrance test, three candidates failed the Committee interview, eight candidates withdrew before the commencement of the course and eleven candidates commenced the training.

Nine local authorities submitted seventeen candidates for training. The Birmingham Education Department sent two candidates and two independent candidates were accepted, making a total of thirty-two students.

The syllabus continues to be covered by 206 lectures and 122 tutorials. Throughout the course frequent tests and end of term examinations are held. In addition a wide range of relevant topics are covered by discussions, symposia and seminars, which give the students a valuable

opportunity for group work. Practice teaching classes are arranged in the training centre, where each student teaches a group of her colleagues and is responsible for producing a visual aid. Twelve midwives from the City's Midwifery Service joined the student health visitors for their lectures and tutorials on "The Principles and Practice of Teaching." They are also taking part in the practice teaching classes. To correlate theory with practice and to widen the students' understanding of society and its needs, visits of observation are made to places of interest within and around the City.

The practical training is undertaken in the various sections of the Public Health, Education and Children's Departments. To study the general principles of health visiting, students are allocated to the maternity and child welfare centres, where the superintendents are responsible for arranging their programmes. Here they observe the various activities of the centre and accompany the health visitor when home visiting. Later in the course they are responsible for visiting selected families.

Experience in specialized health visiting is received in the School Health Service, where all aspects of this work are observed. The students very much appreciate their visits to the special schools, where they learn of the facilities available to handicapped children. The care of tuberculous persons and their families is carried out by the home visitors in the Public Health Department. The Medical Director of the Birmingham Chest Services, Dr. V. H. Springett, spends one session with each group of students when he presents a comprehensive survey of the service.

The Health Departments of Coventry, Dudley, Smethwick, Staffordshire, Walsall, Warwickshire, West Bromwich, Wolverhampton and Worcestershire kindly continue to offer facilities for the practical training of the students. Programmes of interest are arranged and the students are given the opportunity of seeing health visitors undertaking generalized duties, i.e. Maternity and Child Welfare, School Health Service and associated work.

In the summer term students are resident for one week in the Counties of Shropshire, Staffordshire, Warwickshire and Worcestershire, where the well planned programmes of health visiting in a rural community complete the training.

Thirty-six students of the 1956-57 course entered for the Health Visitors' Examination in June, 1957. Thirty-two students were successful, the other students re-entered for the examination in September and obtained the Health Visitors' Certificate.

During the year three re-unions of past students were held on Saturday afternoons in the training centre. These social occasions, which are organised by the students, afford a valuable opportunity for the interchange of professional experiences.

2. Training of Health Visitor and District Nurse Tutors

In December, ten health visitor tutor students and three district nurse tutor students from the Royal College of Nursing, London, spent three weeks of their course in Birmingham. Among the health visitor tutor students were four from the Commonwealth. They attended fifteen lectures given by the administrative medical officers and other members of the Health, Education and Children's Departments, and individual programmes were planned to cover the many and varied requests of the students. They were again accommodated in the Handsworth and Central District Nurses' Homes and the Selly Oak Nurses' Hostel.

3. Training of Student Nurses in Public Health

During the year 1957, the training centre made arrangements for 171 lectures to be given to the student nurses in the Birmingham hospitals. The following list shows the allocation of these lectures :—

Dudley Road Hospital	...	...	...	...	...	...	...	50
Highcroft Hall, Monyhull Hall, Coleshill and Chelmsley Hospitals								60
Selly Oak Hospital	...	...	...	...	...	...	...	16
St. Chad's Hospital	...	...	...	...	...	...	...	10
The United Birmingham Hospitals	...	...	...	...	...	...	...	35

Expressions of appreciation for the work undertaken in these hospitals were made by the sister tutors.

HOME NURSING SERVICE

(SECTION 25—NATIONAL HEALTH SERVICE ACT, 1946)

During 1957, the Home Nursing Service has continued to adapt itself to the demands of the community it serves. The number of cases of heart disease, pneumonia, bronchitis and cancer treated by the Service has shown an increase, but happily the number of cases of tuberculosis has fallen. This redistribution in the case load, has, in many instances, increased the nurses' work. Many patients suffering from heart disease and cancer require more intensive and specialised nursing care so that, although the number of individual patients nursed was 90 less than in 1956, the number of visits paid increased by 17,891. The increase in respiratory disease was particularly noticed during the autumn months of 1957 and in October, when the Asian influenza epidemic was at its height, 5,364 injections of penicillin were given. In the last five years the number of penicillin injections given per month only exceeded 5,000 on four other occasions. The conditions pertaining during this epidemic served as a reminder of the degree of elasticity necessary in a home nursing service and it is to the nurses' credit that all the calls were answered promptly in spite of an increased incidence of sickness amongst the staff.

The District Nursing Centre in Hall Green has been fully converted into six self-contained flats. The district room, small office and a writing room remain for the general use of the nurses working in the area. This conversion has proved most successful.

Children's Home Nursing Service

The Children's Home Nursing Unit operates in the centre of the City. Two nurses are engaged in this work, one working from the Central District Nursing Centre in Summer Hill Road, and the other from the Bordesley Centre. In both cases the areas served are overcrowded with many small old houses—often back to back.

Five hundred and twenty-nine children have been attended in their own homes and 5,019 visits were paid. The nurse attached to the Central District Nursing Centre attended 291 cases and paid 2,987 visits. The nurse working from the Bordesley Centre attended 238 cases and paid 2,032 visits.

The 509 new cases were in the following age groups :—

0—1 year	114
Over 1—5 years	232
Over 5—14 years	163
TOTAL	509

Training of Student District Nurses

Applications to join the Home Nursing Service have been received continually during the year, the applicants all having a high standard of training. During the year, 20 nurses were trained and entered for the examination for the Queen's Roll. Of these, 19 were successful. Two nurses (one from 1956) re-entered and passed.

Refresher courses

Two superintendents and one assistant superintendent attended a course for administrators at Roffey Park and Barnett Hill. Sixteen members of the staff attended refresher courses at Glasgow, Bangor, London and at the Royal College of Nursing, Birmingham. District nurses' meetings were held in April, July and October and were addressed by a consultant and members of the Public Health Department and National Assistance Board staffs.

Student nurses visits

Four hundred and twelve hospital student nurses accompanied the district nurses on their rounds. It is noted that many nurses seeking admission to the Home Nursing Service were first attracted to the work after the day's visit during their training.

X-ray of district nursing staff

Fifty-one initial examinations of new entrants and 353 six-monthly re-examinations of present staff were made during the year. Two nurses and one bathing attendant were vaccinated with B.C.G.

Bathing Attendants

Seventeen bathing attendants visited a total of 5,806 people and 19,664 baths were given, an increase of over 1,000 baths.

Survey of Home Nursing Service 1950—1957

Considerable variations have occurred in the numbers and the kind of patients that have been nursed in the last eight years. The number of new cases accepted rose to a peak in 1953 and has since gradually declined. The total case load (new cases plus number of cases carried forward from previous year) rose until 1955 and has fallen since. The number of visits paid to patients, however, has risen steadily throughout the period (see Table I).

TABLE I.

	1950	1951	1952	1953	1954	1955	1956	1957
New cases	14,409	15,675	18,411	20,192	19,744	18,889	17,535	17,301
Total load	16,084	17,813	20,669	22,753	22,806	23,267	21,139	21,049
Visits	387,965	409,126	471,913	545,140	597,053	633,953	656,426	674,317

If these figures are expressed as percentages of the 1953 figures then visits rose from 70·7 per cent. of the 1953 level in 1950 to 129·5 per cent. in 1957. The new cases rose from 72 per cent. in 1950 to a peak in 1953 (100 per cent.) and fell to 85·7 per cent. in 1957. The total case load rose from 71·1 per cent. in 1950 to a peak of 103·6 per cent. in 1955 and fell to 94·5 per cent. in 1957.

These changes can be attributed to four main reasons. These are first, the variation in demand made on the service ; second, short term changes in diseases ; third, long term changes in the ages of patients treated ; fourth, changes brought about by medical treatment itself.

(1) CHANGE IN DEMAND

From 1950 to 1953 the number of visits paid, the total case load, the number of new cases and the number of staff rose hand-in-hand. It is clear that during this period hospitals and the general practitioners were learning the value of the service and discovering the kinds of patients with which the service could most easily deal. In some ways the City was fortunate in that at no time did the demand exceed the amount of service that could be given by the nurses. However, looking back on records, while no case was ever refused, the service was clearly overburdened and it was not until after 1953 that the refinements of nursing, which may well make very much difference to the progress of the patient, could be carried out.

(2) SHORT TERM CHANGES

Many illnesses vary in prevalence in the community from time to time. Respiratory illnesses are good examples of this and vary with the severity of the weather and with the prevalence of epidemics, such as influenza. The fluctuations in the incidence of acute respiratory illnesses from month to month are shown very clearly by the monthly total of the number of penicillin injections, most of which are given for acute bronchitis and pneumonia. January, 1955 was an exceedingly cold month and the number of penicillin injections rose from 4,020 in December, 1954, to 5,263 in January, 1955, and fell to 3,937 in February, 1955. February had some of the coldest weather for eight years with north to north-east winds and snow and sleet for many days. Following this, the number of penicillin injections given rose to 5,081. A similar pattern is shown in the autumn of 1957. In September, 1957, 2,804 penicillin injections were given. In October the epidemic of Asian influenza was at its height and 5,364 injections were given. In November the number fell to 3,194. In five months only has the total number of penicillin injections given, exceeded 5,000, during the last five years.

(3) LONG TERM CHANGES IN DISEASES

Conditions confined very largely to the aged are requiring increasing attention from the social services. The home nursing service statistics certainly reflect this fact, particularly with regard to the number of cases of heart disease which have been treated by the service. They rose from 1,215 in 1950 to 2,051 in 1957. Similarly, there has been a marked increase in the number of cases of cancer and senility (see Table II).

TABLE II

	1950	1951	1952	1953	1954	1955	1956	1957
Heart disease	1,215	1,333	1,516	1,624	1,765	1,810	1,883	2,051
Cancer	878	829	832	879	997	910	992	1,006
Senility	766	757	713	789	932	948	913	908

If the figures for people over 65 treated in any one year are examined it will be seen that they are virtually constant round about 7,500 per annum. However, the percentage of people over 65 treated has risen steadily from 35.2 per cent. in 1953 to 45.1 per cent. in 1957. That many of these are chronically sick people is shown by the fact that, of the cases carried over from one year to the next, people over 65 formed 54.1 per cent. in 1953 and 66 per cent. in 1957. It is as well to remember that the elderly and the chronic sick do, in fact, need more nursing than a younger person or a person with a short acute illness. Not only has the illness itself to be treated but particular attention has to be paid to prevention of bedsores, so that a rise in the percentage of cases of elderly people treated by the service in fact represents a much greater increase in the work done.

(4) CHANGES IN MEDICAL TREATMENT

This is particularly shown by the great variation in the number of cases of tuberculosis treated. They rose from 456 in 1950 to a peak in 1953 of 1,237 and fell to 443 last year. From 1950 to 1953 the rise in the number of cases represents the increasing use of streptomycin and allied drugs in the treatment of tuberculosis at home. However, the incidence of tuberculosis in the community as a whole has since considerably fallen. The fall in the number of tuberculosis cases treated by the service since 1953 is caused by two factors; first, the fall in incidence of the disease; and second, by the fact that the sanatoria being less full, are able to take cases which previously had to be treated at home.

NUMBER OF VISITS PAID

The number of visits paid has increased with the number of staff available. In 1950 the level of staff numbers was 75 per cent. of the 1953

level and the number of visits was 71 per cent. In 1957 the number of staff was 146 per cent. of the 1953 level and the number of visits paid was 124 per cent. For this purpose part-time staff and student nurses were considered as if they gave one half-year of service in any given year.

Throughout the period under consideration the efficiency of treatment given to any particular patient has increased enormously. But also it must be remembered that since a greater number of patients are elderly and chronically sick people, there has been an increasing load of work to be done. In fact the elderly make a demand on the service very much greater in proportion to their numbers than do younger patients.

TABLE III.

<i>Year</i>	<i>Staff</i>				<i>Visits</i>
	<i>Full time</i>	<i>Part time</i>	<i>Students</i>	<i>Whole time equivalent</i>	
1950	64	37	6	85.5	387,965
1951	71	41	10	96.5	409,126
1952	88	41	9	113.0	471,913
1953	98	36	15	123.5	545,140
1954	118	35	12	141.5	597,053
1955	127	26	19	149.5	633,953
1956	143	26	9	160.5	656,426
1957	160	30	9	179.5	674,317

In conclusion, the peak of new patients in 1953 was due to a number of factors. Most important is the fact that it was a year in which there was a great deal of respiratory illness, particularly bronchitis and pneumonia. The number of tuberculous patients treated by the service was also at its highest point. Two-thirds of the fall in new cases can be accounted for from the variations in these three diseases alone. However, bronchitis and pneumonia are subject to wide variations from time to time and one is by no means certain that the present fall in cases is likely to continue. The service must, therefore, have an "operational reserve" if it is not to be overwhelmed during epidemics.

Further advances in medical treatment are constantly occurring. It is only to be expected that, as with tuberculosis, this may be reflected in the pattern of disease treated by the service.

STATISTICS

NURSING STAFF AT 31st DECEMBER, 1957

Senior Superintendent...	...	...	...	...	...	...	1
District Superintendents	...	...	...	...	...	...	10
Assistant Superintendent	...	...	...	...	...	...	1
Acting Assistant Superintendent	...	...	...	...	...	...	1
Full-time District Nurses	...	...	...	...	...	...	160
Part-time District Nurses	...	...	...	...	...	...	30
							<hr/> 203 <hr/>

The staff includes 14 male nurses and 9 student district nurses.

Analysis of cases attended

Cases on books, 1st January ...	...	...	...	...	...	...	3,748
New cases attended ...	...	...	...	...	...	...	17,301
Total cases attended ...	...	...	...	...	...	...	21,049
Total visits paid ...	...	...	...	...	...	...	674,317

Referred by

Doctors ...	...	...	...	...	...	...	16,205
Hospitals ...	...	...	...	...	...	...	739
Health Department ...	...	...	...	...	...	...	125
Transferred from other areas ...	...	...	...	...	...	...	209
Other sources ...	...	...	...	...	...	...	23

*Clinical classification of new cases**Medical*

Cardiac ...	...	...	...	...	...	...	2,051
Pneumonia ...	...	...	...	...	...	...	964
Bronchitis ...	...	...	...	...	...	...	1,804
Diabetes ...	...	...	...	...	...	...	499
Arthritis ...	...	...	...	...	...	...	244
Carcinoma ...	...	...	...	...	...	...	1,006
Senility ...	...	...	...	...	...	...	908
Strokes ...	...	...	...	...	...	...	799
Enemas ...	...	...	...	...	...	...	1,781
Other medical ...	...	...	...	...	...	...	3,738

Infectious diseases

Tuberculosis ...	...	...	...	...	...	...	443
Whooping cough ...	...	...	...	...	...	...	13
Measles ...	...	...	...	...	...	...	24
Pemphigus ...	...	...	...	...	...	...	2
Influenza ...	...	...	...	...	...	...	363
Other infectious diseases ...	...	...	...	...	...	...	5

Midwifery and Gynaecology

Puerperal fever... ..	...	...	...	...	...	...	7
Antenatal complications ...	...	...	...	...	...	...	36
Postnatal complications ...	...	...	...	...	...	...	92
Abortion ...	...	...	...	...	...	...	23
Pessary renewals ...	...	...	...	...	...	...	101

Surgical

Post operation ...	...	...	...	...	...	...	550
Operations, other than in hospital ...	...	...	...	...	...	...	19
Ulceration of leg ...	...	...	...	...	...	...	275
Other dressings... ..	...	...	...	...	...	...	1,554

Age groups of new cases—1957

Under 5 years ...	...	...	...	...	...	...	1,159
5—14 years ...	...	...	...	...	...	...	886
15—64 years ...	...	...	...	...	...	...	7,893
65 years and over ...	...	...	...	...	...	...	7,363

Age groups of cases on books on 1st January, 1958

Under 5 years ...	...	...	...	...	...	...	36
5—14 years ...	...	...	...	...	...	...	30
15—64 years ...	...	...	...	...	...	...	1,208
65 years and over ...	...	...	...	...	...	...	2,474

DOMESTIC HELP

(SECTION 29—NATIONAL HEALTH SERVICE ACT, 1946)

There has been little change in the pattern of the work and the administration of the Domestic Help Service during the year. The number of households assisted has increased. There were many instances where more than one member of a family was ill, so that in 4,877 households, 5,928 persons were cared for. The total number of home helps employed has also increased, reaching 894 at the end of the year with, throughout the year, an average number of 851 per month. A record number of visits has also been paid by the organisers to the home helps at their work and to all applicants in order to assess their needs.

The end of the year saw the beginning of the organisation of the 'mobile reserves.' Sixteen home helps, i.e. two from each district, are based on the central office and are used in cases of sudden emergency. Although the availability of such 'mobile reserves' is not yet widely known, it is envisaged that this new arrangement will enhance the efficiency of the existing service, chiefly by facilitating immediate help to patients who, for various reasons, must be discharged from hospital.

In March, three home helps were seconded to the Psychiatric Social Service to assist with problem families. Later, in July, this number was increased to five. This is hard and difficult work and calls for special qualities of patience and understanding. The subject is referred to more fully in the Section on Mental Health, page 197. In addition, requests are also received from the National Society for the Prevention of Cruelty to Children and from the Family Service Unit to assist other families where there are serious domestic problems. In some cases the mother may be in prison, in others she may be in hospital for a long period or incapable of looking after her family because of an accident. In other cases the mother may be ill for a short time only.

The night watchers continue to meet a very important need and, in fact, are proving invaluable. In the main they care for :—

- (i) Very elderly people living alone.
- (ii) Sick persons, including acute, chronic and terminal illnesses often where relatives need relieving for one or more nights each week to enable them to have undisturbed sleep.

Evening visiting by the organisers to night watchers while on duty was curtailed due to the rationing of petrol. Even so, during eight visiting sessions, 56 calls were made. It is gratifying, when visiting, to see the care and attention night watchers (both male and female) give

to their patients. All night watchers receive instruction in simple home nursing and are taught how to carry out faithfully instructions given by both doctor and district nurse.

Many visitors, both from this country and abroad, were welcomed, discussions were interesting and stimulating and, indeed, it was a visitor from New Zealand who suggested the name 'mobile reserve.'

The Annual General Meeting of the National Institute of Home Help Organisers was held in September in the Council Chamber, by kind permission of the Lord Mayor. He, and the Lady Mayoress, welcomed the delegates to the afternoon session. Two district home help organisers took part in an open forum arranged by the Birmingham Council for Social Service. Many lectures to outside organisations have been given by the Home Help Organiser—a valuable aid to recruitment.

The demand for both home helps and night watchers is ever increasing, and many urgent cases cannot be given as much help as is thought to be desirable. It would appear that many people are becoming more dependent on, and grateful for, the Domestic Help Service.

A. <i>Number of home helps at end of year</i>					1957	1956
Full-time (50 hours weekly)	...	...	...	...	64	80
Part-time (30 hours and over)	...	...	...	...	213	203
Part-time (under 30 hours)	...	...	...	...	590	534
Night watchers	...	...	...	...	27	24
					<hr/> 894	<hr/> 841
					<hr/> <hr/>	<hr/> <hr/>

B. <i>Number of households assisted during year</i>						
Maternity cases	...	...	...	...	881	1,001
Ill housewives	...	...	...	...	764	781
Special cases	...	...	...	...	110	41
Lung tuberculosis	...	...	...	...	59	91
Old persons	...	...	...	...	3,053	2,396
Problem families	10	—
					<hr/> 4,877	<hr/> 4,310
					<hr/> <hr/>	<hr/> <hr/>

Number of ill persons in these households	...	5,928	5,184
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C. <i>Visits paid by organisers</i>						
Maternity cases	980	880
Ill housewives	2,298	2,019
Old persons	...	...	...	...	7,110	6,757
					<hr/> 10,388	<hr/> 9,656
					<hr/> <hr/>	<hr/> <hr/>

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

(SECTION 28—NATIONAL HEALTH SERVICE ACT, 1946)

CARE OF THE AGED

The increase in the proportion of elderly people in the population continues to present many problems, and work in connection with their domiciliary care is increasingly heavy. During 1957 the special health visitors made 7,361 visits (including 1,085 to new cases). To this number should be added 972 visits made by district health visitors in the course of their general duties.

Of the new cases visited, the larger proportion were in the 75 to 85 years age group. The proportion of women this year was 87·7%, a slight increase on the previous year's figure ; 32·7% were living alone ; 31·7% were living with relatives and 22% with their spouse ; 59·6% were widowed ; 26·1% were married and 14·3% single. The number of cases found to be incontinent were less during the year —5·2% as compared with 7·5% in 1956. The number of bedridden cases was 9·2%.

One of the greatest problems is the domiciliary care of an elderly person living alone who wishes to remain independent but, owing either to dizzy attacks, arthritis or other physical defect, is subject to falls and consequently is in danger of fire or fractured limbs. Twenty-four hour supervision is impossible, nor is it entirely necessary, but the fact remains that these people are a potential danger to themselves and a source of constant worry to those responsible for their welfare. Another source of danger to many old people is the unlighted gas. This " accident " occurs comparatively frequently and, in some cases, has had near fatal consequences. Defects in gas appliances and fittings, when detected, are brought to the notice of the gas undertaking and rectified immediately, but there are many instances where an old person forgets that he or she has turned on the tap of the gas cooker or gas fire and, owing either to diminution or absence of sense of smell, is unconscious of the escape of gas.

The demand for home helps is still great, particularly in the central areas of the City and during the winter months when illness is more prevalent.

The bathing of elderly people at the Department's cleansing station is proving to be a very valuable service, and is much appreciated by the majority of those receiving these facilities. Many of them have said how much they enjoy the " outing " quite apart from the bath itself. The total number of baths given during the year was 731 and 76 individual old people benefited from this service (51 women and 25 men).

There is still a need for a chiropody service provided by the local authority and which would augment that already provided by the Birmingham Council for Old People. This is giving relief and benefit to so many elderly people who are suffering from painful feet and who, but for the help thus given, might soon become housebound.

Number of cases on register on 1st January, 1957...	...	...	1,548
Number of new cases added during year	...	...	1,085
Number of cases remaining on register at end of year	...	...	1,641
Number of new cases requiring home helps	...	...	159
Number of home helps supplied	...	79	
Number of cases refusing home helps	...	54	
Number of cases still awaiting home helps	...	26	
Number of cases requiring night watchers	...	...	16
Number of night watchers supplied	...	10	
Number of cases supplied with nursing equipment	...	...	239
Number of cases supplied with bath attendant	...	...	113
Number of cases supplied with laundry service at request of health visitor	...	...	30
Number of cases admitted to hospital	...	...	606
Number of old cases discharged from hospital	...	...	209
Deaths	...	...	562
Number of cases referred to Welfare Department, of whom	33		
were admitted to welfare homes	...	...	40
Number of cases referred for voluntary visiting	...	...	16
Total number of visits paid by special health visitors	...	...	7,361
Total number of visits paid by health visitors on general duties			972

LOAN OF NURSING EQUIPMENT

During the year the total number of items on loan shows a small increase at 7,862 as compared with 7,821 in the previous year, and the amount contributed by patients as loan charges was £1,232 as against £1,137 in 1956.

There has been a decrease in a number of the smaller items of sick room equipment issued from the District Nursing Centres, but, as will be seen from the schedule given below, there has been an increase in certain larger items of equipment issued from the central stores among which may be noted :—

Bedsteads from	...	318 to 389	an increase of 22·3%
Special Mattresses from	...	182 to 222	an increase of 21·9%
Fracture Boards from	...	50 to 74	an increase of 48·0%
Walking Sticks (including Tripod Sticks) from	...	99 to 141	an increase of 42·4%
Commodore from	...	635 to 773	an increase of 21·7%

The demand for invalid chairs of all types shows no sign of declining and, in fact, again shows a small increase at 1,126 as compared with 1,067 for the previous year. The demand for these is greatest in the summer months and 75% of the issues for the year are made between the months of April and September which places a heavy strain on transport.

A great number of the chairs are not required by patients during the winter when they are returned to our stores and, whilst this provides good opportunity for examination and overhaul, it is becoming increasingly difficult to find storage accommodation for them.

Walking aids, which include four different types of walking machines, are being increasingly used with very satisfactory results for the rehabilitation of patients and loans have increased from 39 in 1954 to 162 in 1957.

The use of air beds and air rings is gradually declining and being replaced by sorbo rubber pads and cushions and latex foam mattresses.

Calico mattress covers are also being replaced with plastic covers which have proved very satisfactory as they save laundering, are easily cleaned and prevent soiling of the mattress.

A satisfactory independent lifting pole stand is now available on the market and is being put into use. Hitherto, where such apparatus is required, it has been necessary to issue an iron bedstead as well, but in future, where the patient has a satisfactory bed, the independent lifting pole stand only will be necessary and this should effect economy in storage, money, labour and transport.

The problem of securing a suitable mobile hoist which will lift a patient from bed to a wheel chair continues to receive special attention and a number of such hoists have been examined during the year. Whilst most of these have been found satisfactory for use in hospitals where there is space for manoeuvre, the very confined space in which the vast majority of our patients are cared for precludes the use of the apparatus that is available at the present time.

In a large proportion of cases, when an application is received for equipment, it is necessary to make an initial visit to decide what type of equipment is best suited to the patient's needs and in cases where a district nurse is not attending and a hire charge is not applicable, subsequent visits are made at half-yearly intervals to ensure that the equipment is being properly used and maintained and to advise the patient.

During the past year the visitor has made 2,347 such visits covering 6,029 miles.

The extent to which the Loans Service is used by persons not requiring the skilled attention of a district nurse is demonstrated by the fact that at 31st December, there were 1,932 articles of equipment from central stores on loan to 1,197 persons of whom only 411 were under the care of a district nurse.

AMOUNTS OF EQUIPMENT ON LOAN DURING EACH OF THE PAST
THREE YEARS

				1955	1956	1957
Wheel chairs	...	...	...	790	867	930
Merlin chairs	...	...	...	169	170	159
Stairway chairs	...	...	...	25	22	28
Spinal carriages	...	...	...	12	8	9
Bedsteads	...	...	...	340	318	389
Special mattresses	...	...	...	139	182	222
Fracture boards	...	...	...	25	50	74
Lifting poles and chains	...	...	...	79	91	102
Self-operating tilting beds	...	...	...	3	4	4
Crutches, pairs	...	...	...	43	51	46
Walking sticks	...	...	...	53	99	141
Walking machines	...	...	...	11	19	21
Lifting apparatus	...	...	(Not separately recorded)		46	19
				<hr/>	<hr/>	<hr/>
				1,689	1,927	2,144
				<hr/>	<hr/>	<hr/>

The aforementioned items are additional to the normal items of " sick-room equipment " the loans of which are shown below :

				1955	1956	1957
Air beds	...	...	...	75	39	32
Air rings and sorbo cushions	...	...	...	984	1,034	898
Back rests	...	...	...	490	613	665
Bedpans...	...	...	...	1,173	1,269	1,293
Leg cradles	...	...	...	164	260	245
Mackintosh sheets	...	...	...	1,108	1,230	1,093
Urinals	...	...	...	437	589	548
Sick feeders	...	...	...	67	83	48
Commodes	...	...	...	499	635	773
Bed chairs	...	...	...	3	8	9
Miscellaneous items	...	...	...	98	134	114
				<hr/>	<hr/>	<hr/>
				5,098	5,894	5,718
				<hr/>	<hr/>	<hr/>

LOAN OF FIREGUARDS

The number of cases to whom fireguards were on loan during the year rose to 618, an increase of 29% as compared with the previous year, and after allowing for 121 returned as no longer required, there remained 497 still on loan at 31st December.

The comparative figures for the past three years are :

	1955	1956	1957
Number of fireguards on loan, 1st January	178	272	377
Number issued during year	169	207	241
	<u>347</u>	<u>479</u>	<u>618</u>
Number returned, no longer required	75	102	121
	<u>272</u>	<u>377</u>	<u>497</u>
Amounts collected from hire charges	£5 19 0	£6 1 0	£9 8 6

Every endeavour is made to maintain contact with the families to whom the guards are loaned to ensure that they are still required and in serviceable condition. This is done by a postal enquiry every six months and 600 such letters were sent out during the year but approximately 25% did not reply or the letters were returned marked "Gone away." The follow-up of these cases involves a great deal of work and the process of educating many of the people concerned to a sense of responsibility and obligation in respect of borrowed equipment is slow and difficult.

DOMICILIARY LAUNDRY SERVICE

This service has now been in operation for six years and, from the comparative figures for the past three years given later, it will be seen that the number of persons receiving this service at any one time has been stable at around 200.

It may be of interest to record the quantities of bed-linen which have been used since the inception of this service in 1951 which are as follows :

	<i>Blankets</i>	<i>Sheets</i>	<i>Draw sheets</i>	<i>Pillow cases</i>	<i>Total</i>
Issues of new linen 1951—1957 ...	144	1,952	3,633	1,620	7,349
Add unserviceable sheets made into draw sheets ...			238		238
	<u>144</u>	<u>1,952</u>	<u>3,871</u>	<u>1,620</u>	<u>7,587</u>
Less condemned ...	8	186	327	61	582
	<u>136</u>	<u>1,766</u>	<u>3,544</u>	<u>1,559</u>	<u>7,005</u>
Still in circulation ...	126	1,488	3,229	1,204	6,047
Transferred to other services ...	8				8
Lost or not recovered from 2,096 closed cases	2	278	315	355	950
	<u>136</u>	<u>1,766</u>	<u>3,544</u>	<u>1,559</u>	<u>7,005</u>

The loss of 950 articles of linen may be regarded as comparatively small when one considers that it relates to 2,096 cases, the vast majority of whom received the service twice weekly over an average period of sixteen weeks during a terminal illness or pending admission to hospital.

The average number of articles issued to each patient was 21.

Many of the patients live alone. There is a resultant break up of the home on cessation of the service and this adds considerably to the difficulty of tracing any deficient linen.

During the past year the charge for this service, which is based upon the patient's circumstances, has remained at 3d. to 3/- per bundle laundered, and the amount so contributed by patients was £1,336 as compared with £1,116 in the previous year.

The number of articles laundered was 130,905 and the total weight of soiled linen handled was 62 tons 9 cwt. 1 qtr. 13 lbs.

The following is a record of cases dealt with in the past three years :

	1955	1956	1957
Number of cases on books, 1st			
January	176	204	198
New applications during year ...	449	442	406
	<hr/>	<hr/>	<hr/>
TOTAL	625	646	604
Cases removed from books during year	421	448	414
	<hr/>	<hr/>	<hr/>
Cases still on books at 31st December	204	198	190
	<hr/>	<hr/>	<hr/>

ANALYSIS OF CASES for 1957

1957 Quarter ending	No. of approved appli- cations	Service discontinued			Service not started			Total
		Died	Hosp.	Other reasons	Died	Hosp.	Other reasons	
31 Mar	129	76	42	12	5	1	—	136
30 Jun	93	52	40	9	2	—	1	104
30 Sep	77	38	34	6	1	—	—	79
31 Dec	107	49	33	9	4	—	—	95
	406	215	149	36	12	1	1	414

RECUPERATIVE CONVALESCENT CARE

Prior to 1957 the almoners of the Birmingham hospitals had made the arrangements for convalescence both for hospital patients and for patients recommended convalescence by general practionitiners. This was very successful but, owing to heavy demands upon the almoners, they became obliged to confine themselves to making the arrangements for hospital patients only, general practionitiners' patients being interviewed

at the Health Department and arrangements then made direct with the convalescent homes known to be suitable for the individual patients. The new method is working well since it began in February.

The exceptionally large number of 664 patients availed themselves of the Health Committee's Convalescent Scheme as compared with 585, 525 and 512 in each of the years 1954, 1955 and 1956. There was actually a total of 773 applicants but, for the following reasons, 109 did not accept the facilities offered :

Decided against leaving home	76
Made other arrangements privately	14
Found to be members of the Hospital Saturday Fund	8
Health deteriorated and patients became unfit for convalescence ...	6
Appropriate arrangements could not be made	3
Unwilling to lose time off work	2

A larger number of referrals by general practitioners accounted for the increase in applicants for convalescence in 1957, general practitioners recommending 350 (54% of the total) in 1954, 339 (60%) in 1955, 342 (63%) in 1956 but 577 (75%) in 1957. The demand began to rise above normal in March and remained unusually heavy until September.

<i>Year</i>	<i>Jan.</i>	<i>Feb.</i>	<i>Mar.</i>	<i>Apr.</i>	<i>May</i>	<i>June</i>	<i>July</i>	<i>Aug.</i>	<i>Sept.</i>	<i>Oct.</i>	<i>Nov.</i>	<i>Dec.</i>
1957	14	39	89	91	99	118	116	93	49	32	24	9
1956	18	20	47	57	57	85	72	60	57	33	31	8

The following is the age and sex distribution of those who actually took convalescence, females outnumbering males in the proportion of 2½ : 1 or, if children under sixteen are excluded, 3 : 1.

<i>Age</i>	<i>0—4</i>	<i>5—15</i>	<i>16—44</i>	<i>45—64</i>	<i>65—74</i>	<i>75+</i>	<i>Total</i>	
MALES ...	18	19	42	50	34	22	185	} 664
FEMALES	19	21	118	141	119	61	479	

Only 11·6% of the convalescents were under 16 years, but certain school children are catered for by the Education Committee. There were seven mothers who took eight young children with them to the convalescent homes. No particular difficulty is now being encountered in making arrangements for such mothers and their children. The mothers not only receive rest and care, but also instruction in mothercraft. A number of women were recommended convalescence through becoming debilitated by nursing aged relatives for a long period.

The Birmingham Hospital Saturday Fund in 1957 made arrangements for the convalescence of 5,493 patients of whom 4,980 went to the Fund's own homes. The Hospital Saturday Fund also assists a number of contributors who have to take their convalescence under the Health Committee's arrangements. It accommodates patients in its own homes who are not contributors to the Fund but take their convalescence under the Health Committee's scheme and charges are made to the Health Committee for these individual cases. A yearly grant of £550 is made to the Birmingham Hospital Saturday Fund.

Under the Health Committee's scheme this Department initially pays the account from the convalescent home and reclaims the amount from the patient who may elect to be assessed to repay an amount in accordance with his means.

On a few occasions grants are made to the patients towards the cost of their convalescence by the firms for which they work.

HEALTH EDUCATION

In 1957 the number of talks and discussions arranged was 4,191 compared with 4,301 in 1956. Of the total, 1,073 were given in out-of-office hours in comparison with 1,125 in 1956.

TALKS, DISCUSSIONS, Etc, 1944—1957

<i>Year</i>				<i>Total</i>	<i>To schools</i>	<i>To youth organisations</i>	<i>To adult organisations</i>
1944	...	...	...	546	421	83	42
1945	...	...	...	728	501	139	88
1946	...	...	...	577	407	46	124
1947	...	...	...	1,053	745	135	173
1948	...	...	...	2,438	1,772	280	386
1949	...	...	...	2,579	1,819	320	440
1950	...	...	...	3,024	2,028	443	553
1951	...	...	...	3,500	2,278	617	605
1952	...	...	...	3,689	2,382	576	731
1953	...	...	...	3,514	2,259	499	756
1954	...	...	...	3,803	2,344	595	864
1955	...	...	...	4,223	2,342	514	1,367
1956	...	...	...	4,301	2,363	669	1,269
1957	...	...	...	4,191	2,305	907	979

The above figures represent work undertaken by many members of the various sections of the Public Health Department, including medical officers, health visitors, home nurses, health inspectors, midwives, staff of the Mental Health Section, dental officers and the full time health education staff, who in addition undertook the organisation of practically the entire programme.

At the beginning of the year, two of the full-time health education staff left the Department to take up posts elsewhere. It was decided not to fill the resulting vacancies and the organising staff was thus reduced from six to four for the greater part of the year. The lectures undertaken formerly by the two organisers were largely apportioned out to various other members of the Department. It was however not possible to maintain the work at quite the same level as previously, or to expand the programme into new fields.

Smoking and Cancer of the Lung

In June 1957, a letter from the Ministry of Health stated :—

“ The Medical Research Council have concluded that the most reasonable interpretation of the very great increase in deaths from lung cancer in males during the past 25 years is that a major part of it is caused by smoking tobacco, particularly heavy cigarette smoking. It is the Government's intention that this opinion should be brought effectively to public notice so that everyone may know the risks involved in smoking. Your Council is accordingly requested to take appropriate steps to this end.”

Health Education activities on the above were confined in the main to informing school children and adolescents of the harmful effects of smoking on general health.

This was chiefly carried out in schools, where the age groups covered were from 11 years to 15 years. The subject “ Smoking and Health ” was included in their general hygiene course. Head teachers were always informed of the contents of the school course and many have been pleased to hear that we include a talk on smoking.

Continuation schools in industry, stores, and various youth groups afforded an opportunity of reaching the age group of 15 to 18 years. The content of the lectures to these young people always includes general principles of healthy living and includes a talk on smoking in relation to health.

Similar information on the association between smoking and lung cancer was included in lectures given at the Teachers' Training College.

While the main activities have been directed towards informing young people of the 11 to 18 years age group, the subject “ Smoking and Health ” has been included in the general syllabus of health talks which is circulated to many adult groups throughout the City. Health Education staff have been kept fully conversant with developments and reports as they appeared, so that they have been able to deal with any questions which arise.

Parents' Evening Meetings

During the year, 58 parents' meetings were held at infant welfare centres, compared with 33 in 1956. A total of 1,750 parents attended.

These meetings have been building up over the past three years and have now become an important feature of the health education programme.

Since health education is primarily the responsibility of parents, it is important that they should know how to put it across to their children. Many fathers and mothers are familiar with many of the principles of healthy living, but they are not always familiar with the

best methods of passing this information on to their children. This is especially so in relation to reproduction and the "facts of life." Apart from the dissemination of information, which is of course one of the primary objects of these parents' meetings, another aim is therefore to explain the best methods of imparting this knowledge to their children.

Winson Green Prison

The general course on health for men and women prisoners and the special course for women convicted of child neglect, continued. As mentioned in last year's Report, group discussion on subjects of wide general interest but with a health bias have been freely included in the programme. This has been an improvement on the rather formal type of talk on the more usual, stereotyped health subjects.

A meeting was arranged between the Governor of the Prison and 22 members of various sections of the Department, who undertake health education work in the Prison. The Governor gave an account of prison administration and procedure, which was very helpful to those who attended. A discussion followed in which many questions were asked and some of the problems encountered when speaking to prisoners were discussed, with benefit to all present.

Foot Health Education

Arrangements were made in October for a one day course of lectures for assistants in shoe shops in the City. This course, which was by way of being a pilot scheme, consisted of three talks given by an orthopaedic surgeon, a foot fitter, and a medical officer, and dealt mainly with the growth and maturation of the normal foot, correct methods of fitting shoes, and the defects commonly seen at a foot defect clinic, and how they could be prevented. Although the attendance was rather disappointing, discussion and questions were lively and those present agreed that the course had been worth while.

In-service Training

A member of the health education staff attended the Summer School in Health Education which was held from the 20th to the 30th August in Bangor, North Wales. The theme of the school was "The Promotion of Health."

In April, a short course was held in the Department for male home nurses. There is some difficulty in obtaining male lecturers to go into boys' schools, and it was felt that some of the male home nurses would be suitable for this purpose. The course outlined the method of approach to the group, techniques used, preparation of lectures and use of visual aids. Interest was keen and at present four home nurses are teaching health education in schools and have proved quite successful.

A further course was held in July to assess progress and obtain the views of the nurses engaged in this work.

A course of in-service training was also held for female home nurses and was much appreciated by the staff.

A group of School Health nurses also spent some time in the Health Education Section for instruction in the uses of visual aids.

Exhibitions

The Birmingham Accident Prevention Council opened a permanent exhibition on Road and Home Safety in the Birmingham headquarters. The Health Education Section arranged to exhibit some Home Safety material and demonstrations were shown on Hazards in the Home and the Inflammability of Materials. This permanent exhibition, with the sections on home safety, is believed to be the first of its kind in the provinces.

In April, an exhibition was arranged at the Romsley Hill Hospital Open Day at the request of the Medical Superintendent. Food, Prevention of Infection, Care of the Feet, and the Story of a Case of Tuberculosis ("Caught in Time") were the subjects of this exhibition; those on Food, and on Care of the Feet, were especially included for the patients in the special diabetic ward of the hospital and their friends.

Another exhibition, comprising Dental Health, Food Hygiene, Prevention of Infection and Care of the Hands was held at Joseph Lucas Ltd., as part of a Health and Safety Week. This was well attended by members of the general public.

With the co-operation of the Medical Officers of Health of Nuneaton and Coleshill, projects on Home Safety, Care of the Aged, Public Health Services and Clothes for Young Children, were loaned for exhibitions held outside the City in July and November. The routine project and poster campaign referred to in previous annual reports, continued.

Health Education Among Coloured People

Consideration was given to providing health education in a manner suitable for groups of coloured people in the City, particularly Jamaicans, Indians and West Africans.

Contact was made with a club for such groups, and simple films on such topics as hygiene, home safety, and prevention of infection were shown. Initial reserve having been overcome, these groups are quite interested and are anxious to obtain information on many health topics.

Simple leaflets were also prepared for distribution. Drawings on these depicted the undesirability of overcrowding, the necessity for fresh air and sleep, the wearing of suitable clothing, with a simple legend in English and also in Urdu, Bengali and Pakistani script.

Health Education of such groups is a slow process. Material must be simple and logical, and care must be taken not to trespass on inherent prejudices and beliefs.

Visitors

Persons from many parts of the world visited the Health Education Section during the year, including Kenya, Ceylon, Italy, Portugal, Singapore, Sudan, Malta, Tasmania, Canada, Japan and Nigeria.

Of special interest was the visit for three days, at the request of the tutor, of the students taking the University of London Institute of Education course leading to the Diploma in Health Education. The group included doctors, health visitors, public health inspectors and teachers. An opportunity was provided for the students to accompany various lecturers to schools, welfare centres, prison, industry, etc., and the general organisation and administration of the health education programme was outlined. This proved a most interesting visit for both visitors and hosts.

The Clean Food Campaign

The lectures and instruction of other kinds given during the year are summarised as follows (1956 figures in brackets) :

				<i>No. of lectures, etc.</i>	<i>Total attendance</i>
Food traders	...	...	...	10(18)	266(668)
Lay public...	...	...	...	21(26)	786(712)

With the solving of teething troubles arising from the operation of the Food Hygiene Regulations, 1955, it is understandable, if regrettable, that there should have been little demand from the catering industry, and from food traders' associations in general, during the year under review.

There has, however, been a steady response from the lay public and, in particular, from schools, where senior girls have shown a very considerable interest.

The part-time course in Food Hygiene, inaugurated so successfully at the College of Technology in the autumn of 1956, did not on this occasion attract an entry large enough to justify the opening of a course in October. The explanation given was that it was not possible to release staff during the autumn term because of Christmas trade, but it is worthy of note that training courses arranged by the Licensed Trade have been held successfully on a quarterly basis for many years.

It is hoped to offer this course again during the earlier part of the academic year, but one is forced to the conclusion that specialised training and qualifications in the hygienic practice of food handling is of minor importance to managements and that, for the future, this education of the food handler may be arranged profitably only by the inclusion of special

hygiene sessions in general trade classes, as pertain now in the Licensed Trade and certain other food trades. In an era when qualification by examination means so much in other spheres, it seems strange that this Certificate of the Royal Society of Health—the only qualification of its kind—is not more popular and required as a step to promotion to supervisor status. Until the importance of training in the hygienic handling of food is more generally recognised, however, outbreaks of food poisoning are likely to continue at their present frequency even in premises which are satisfactory from the point of view of structure and equipment.

Clean Air Campaign

With plans in hand early in the year to extend the Central Smokeless Area by means of a Smoke Control Area and with a proposal to establish a similar Smoke Control Area towards the north-east boundary of the City, there has been a steady, if modest, demand for information during the year, mainly in regard to the Clean Air Act as it affects the domestic fuel consumer.

Eleven lectures were given to lay audiences, embracing a total attendance of 332.

Booklets supplied by the British Medical Association and by certain fuel trade interests designed to assist the domestic fuel-user have been made available to the public and the preparation of a pamphlet has been completed for issue early in the new year to every householder in the two new Smoke Control Areas which will become operative later in the year.

Priority in Rehousing on Medical Grounds

When the City Council's Points Scheme came into operation in its revised form on 1st January, 1953, up to a maximum of thirty points could be awarded on health grounds in cases where a medical condition in the applicant's family, taken in conjunction with housing conditions, warranted some degree of priority in rehousing. This maximum of thirty points was in addition to those points awarded to the applicants by the Housing Management Department on account of lack of accommodation, length of time on the waiting list and various domestic difficulties such as sharing the toilet and cooking equipment, inconvenient situation of water supply and sink, etc. In addition the Housing Management Committee is prepared to allocate a certain "quota" of houses each year to families whose need for rehousing on medical grounds is extremely urgent but who do not qualify for rehousing by having a sufficient number of points.

When the applicant requests priority in rehousing on medical grounds all the facts have first to be ascertained, both in regard to the ill health and in regard to the conditions under which the family is living. In every instance there is a visit either by a health visitor or by a public

health inspector, as appropriate, and a detailed record is made of the circumstances. It is very often necessary also to obtain much more information about the illness to which the applicant refers. This is done usually by correspondence with the patient's doctor, the patient having consented, but occasionally discussion with the doctor is necessary. No difficulty is met in obtaining this information. From time to time description of the living conditions and of the illness do not suffice to allow of accurate assessment of the degree of priority necessary. In such cases an appraisal of the situation is made by a medical officer from the Health Department personally visiting the home. Enquiries have not been confined to Birmingham. Similar reports relating to applicants at present living elsewhere have also been obtained and, on request, medical officers of health of other areas have personally visited the applicants and reported in detail on the difficulties and dangers under which applicants are living.

Having obtained all relevant information, the assessment of priority can then be made. The documents are scrutinised by two medical officers independently and each makes his recommendation which is passed to a senior medical officer responsible for enquiring into serious disagreements and ensuring that appropriate action is taken by carrying recommendations into effect and informing almoners, doctors, councillors, etc., of the result of the applicant's claim for priority.

All this work is done with great care and this is especially so when a family would not qualify for rehousing on points, even if thirty were allocated on health grounds, and yet the claim for early rehousing is so well substantiated that rehousing urgently and irrespective of the points scheme must be considered. Here reports are personally checked by a medical officer visiting the patient and three senior medical officers then discuss the action to be taken. On occasions a decision is only made after keeping the patient under observation for a time.

Asthma and bronchitis are found to be exceedingly common as grounds for some priority in rehousing. In a very few instances the living conditions are almost certainly the specific cause of the illness and high priority is accordingly advised. The vast majority, however, are cases which would benefit in a general way by better surroundings, although one would not expect the improvement to be dramatic.

Wounds, arthritis, paralysis and heart disease are of great importance in families living upstairs and conditions are particularly bad for the mothers of young families using upstairs bed-sitting rooms but cooking downstairs. With elderly arthritic patients the toilet being upstairs or down the garden presents hardship.

Various intestinal conditions warrant priority through their unusual needs for toilet and washing facilities, and some patients suffering from ulcers have difficulty in the preparation of diets and in obtaining suffi-

cient physical or mental rest. These are factors upon which the assessment of points is based.

By far the most difficult assessments to make are those where the applicants claim that mental ill health is being caused or aggravated by their present housing conditions. The Mental Health Section of the Health Department is invaluable here. A great many of the families interviewed have revealed varying degrees of mental distress which was their real reason for requesting priority on health grounds, though in fact the disease for which they claimed priority was some physical condition. Unhappiness in applicant families because of their unsatisfactory living conditions is so common as to be usual and is not the subject of the allocation of points. Indeed such a measurement would be impossible. Points have, however, been awarded when definite ill-health has occurred, a prevalent cause of this being quarrelling with other occupants of the house, especially when the families were related.

Since March 1956 there has been a greater number of points given for "length of time upon the housing list." This resulted in a much greater total number of points being required in order to qualify for the tenancy of a house. As the maximum number of "medical points" have remained at thirty, it follows that the value of medical points as a means of obtaining priority has declined correspondingly. Care has, however, been exercised to ensure that, as before, all families for whom urgent rehousing is vital, have in fact been recommended when it was ascertained that even thirty medical points would not secure rehousing in a reasonably short time.

During the past year or two also the problem has been greatly eased by the current slum clearance operations starting to bear fruit. Many areas of very bad housing have already been cleared and many other areas have now passed into Corporation ownership and are being renovated. Some of these newly acquired areas were also amongst the worst in the City. The utmost co-operation has been obtained from the Housing Management Department in arranging for the transfer of families from Corporation owned slums to better accommodation on medical grounds. No record is kept of the volume of this activity but it is, to an increasing extent, cutting down the number of recommendations for immediate rehousing out of "quota."

The "Quota"

Year by year since the start of the Points Scheme the Housing Management Committee has earmarked the following numbers of houses for those families which need urgent rehousing on medical grounds but have insufficient points to qualify. No attempt is made to find families to fill every one of these earmarked houses. Recommendations being made in essential cases only has caused their number to fall short of the houses allocated. Even so, early this year there were twelve families not yet

rehoused who had been recommended for "quota," six of them in the one bedroom queue. This state of affairs arises from the fact that handicapped and ill persons frequently are very restricted in the rent they can afford, the area they require (being unduly restricted in mobility) and in the type of accommodation so as to avoid steps and slopes. Close touch is maintained with the Housing Department on these difficult cases and they receive due consideration.

<i>Year</i>		<i>1953</i>	<i>1954</i>	<i>1955</i>	<i>1956</i>	<i>1957</i>
Houses in "Quota "	...	75	50	40	40	50

Statistics

Although there is detailed information about every family dealt with, statistics have been kept in a very simple form in order to minimise expense. The figures represent really the number of times an assessment of medical priority has been made. They are greater than the number of applicant families dealt with because of the fact that numerous applicants repeatedly ask for re-consideration of their degree of priority and approach the Department both direct and through third persons acting on their behalf.

In connection with tuberculosis see page 85.

Type of medical condition to which applicant has drawn attention	1953	1954	1955	1956	1957							1957	
					Total applica- tions	Stet* Nil	Stet* 10	Stet* 10	Stet* 20	Stet* 20	Stet* 30		30
Nervous Conditions	1,395	1,153	858	812	46	288	101	235	41	72	6	23	812
General Debility	320	331	247	294	14	63	30	43	5	5	—	—	160
Asthma and Bronchitis ...	2,675	1,443	1,186	983	25	243	215	673	37	85	5	12	1,295
Wounds	172	44	34	18	1	8	—	4	—	—	—	—	13
Blindness	81	46	50	38	4	12	3	13	2	4	—	2	46
Arthritis and Rheumatism ...	690	257	190	234	13	88	25	61	11	21	4	4	227
Orthopaedic Conditions and Paralysis	664	269	207	181	7	82	12	29	10	11	2	7	160
Heart and Circulatory Disease	846	406	315	332	8	107	20	85	25	95	5	15	360
Other Physical Disabilities, including fits	1,332	522	452	322	38	240	48	143	8	31	5	2	515
Gastric and Intestinal Condi- tions	450	172	128	140	5	50	16	55	6	15	—	2	149
TOTALS	8,625	4,643	3,667	3,354	161	1,187	470	1,341	145	339	27	67	3,737

* Stet refers to cases whose medical priority has been reviewed but circumstances did not warrant a change in the allocation of points.

MENTAL HEALTH

(SECTION 51—NATIONAL HEALTH SERVICE ACT, 1946)

It is only since the inception of the National Health Service Act, 1946, that the local health authority has entered the mental health field, its functions being both statutory and permissive. Although it is always refreshing and interesting to take over new duties a somewhat anomalous situation arose with this new Act in that those responsibilities which are statutory were hampered by outmoded and cumbersome legislation, whilst those that were permissive under Section 28—Prevention of mental illness and after-care—were quite amorphous, depending largely on the co-operation of other bodies for their success and by and large sustained in a haphazard and erratic manner.

The prevention of mental illness is a popular, but at best a somewhat nebulous phrase. It is difficult to imagine how a small group of workers can set about in a purposeful way the task of affecting profoundly the incidence of mental illness in a large city. This is not meant to strike a note of despair but one of reality. It is important to use what little skilled resources there are in the most constructive way to achieve the maximum success and not exhaust them in the pursuit of something quite intangible, bearing in mind the many different factors which may influence mental stability.

In the last report it was suggested that perhaps the greatest emphasis of this kind of service would ultimately be placed on co-operation with the hospital and general practitioner services and certainly the results in this particular sphere of our activities have been remarkably successful and will continue. Nevertheless, attempts to prevent mental illness will be continued with a long-term programme concentrating particularly on in-service training within the Health Department and the Local Authority Service generally, in the hope of increasing the possibility of early diagnosis and early treatment.

One of the most notable features of last year was the publishing of the findings of the Royal Commission on the Laws relating to Mental Illness and Mental Deficiency. This has given hope for the future and the promise that the anomalies of the past will be swept away and that new legislation will appear on which a local health authority can found a Community Care Service which will have shape and purpose.

In the report which follows it can be seen that the local health authority with a nucleus of trained workers is in a very strong position to undertake community care for those who have been mentally sick. Unfortunately, this is not always appreciated by psychiatrists working in a hospital setting, but in Birmingham at two hospitals complete co-operation has already been achieved and it is hoped that the future will see this work extended still further.

Within the Health Department itself co-operation over the last year has been extended between psychiatric social workers and health visitors, discussions taking place when necessary at twelve welfare centres. This type of co-operation is still at a very early stage but it has made for better understanding between the two professional groups and for better case-work in general.

The work this section of the Department carries out in relation to problem families has become more defined, but the difficulties have not diminished. As a result of the troubles in which these families find themselves representatives of many agencies visit their homes. This is not desirable at any time, but it is particularly unhelpful in this type of case because, in their rehabilitation, many different views are held and held strongly and disagreements have occurred over the proper course of action to adopt and have made a difficult situation still more difficult. In an effort to overcome unnecessary disagreements monthly Case Conferences were organised which representatives of different organisations could attend. Initially this started in a small way, but has become extremely large. It has been successful. Its primary purpose has been achieved and has had the effect of limiting the break-up of family life. The future activities of this Conference will have to be examined so that it can work more efficiently. It may be that in the future it will work at two levels, different small Case Committees based at Welfare Centres discussing in detail individual cases, with the large Central Committee acting as an arbitrator and policy maker.

In general, this last year has been one of development within the Local Health Authority itself and of increased co-operation with other social agencies and with mental hospitals. It has been achieved without increased capital expenditure and has indicated that this Local Health Authority is in a position to take the leading role in community care and undertake new responsibilities with confidence.

The administration and duties of the past year of the various Sections are given below :

1. ADMINISTRATION

(a) **Mental Health Sub-Committee** of the Health Committee composed of the Chairman and twelve members of the Health Committee. Monthly meetings are held.

(b) **Number and qualifications of staff employed in the Mental**

Health Service :

Responsible to the Medical Officer of Health for the Service, who in turn is responsible to the Mental Health Sub-Committee—Administrative Medical Officer of Health for Mental Health—M.B., Ch.B., D.P.H.

PSYCHIATRIC SOCIAL SERVICE

Consultant Psychiatrist (part-time), M.R.C.S., L.R.C.P., D.P.M.

1 Senior Psychiatric Social Worker—holds degree in Psychology (London) and Philosophy and Economics (Oxford).

4 Psychiatric Social Workers.

3 Social Workers (two hold a Social Science Degree and one holds a Diploma in Mental Health).

Clerical staff—2 shorthand-typists.

PARENT GUIDANCE CLINIC

1 Consultant Psychiatrist, M.B., Ch.B., D.P.M.—4 sessions per week.

1 Psychiatric Social Worker.

1 Social Worker.

Clerical staff—2 shorthand-typists.

MENTAL DEFICIENCY SECTION

2 Certifying Medical Practitioners (part-time),
M.B., Ch.B.

F.R.C.S.I., L.R.C.P.I., D.P.M.

1 Chief Inspector

1 Deputy Chief Inspector

3 Inspectors

} no academic qualifications but all
possessing long experience.

Clerical staff—1 statistical clerk, 3 shorthand-typists, 1 junior clerk.

OCCUPATION CENTRES, INDUSTRIAL CENTRES AND AFTER-CARE

(Under management of Education Committee on behalf of Health Committee).

7 Supervisors (Occupation Centres)

(two hold Diploma of National Association for Mental Health).

2 Male Supervisors (Industrial Centres).

1 Supervisor (Senior Girls' Centre).

13 Assistant Supervisors (three hold Diploma of National Association for Mental Health).

10 Welfare Attendants.

8 Kitchen Attendants (part-time).

1 After-Care Officer (B.Com., London).

5 After-Care Visitors

(one is a M.A., Social Science Diploma ;

one is a B.Com. (Social Science) ;

one is a S.R.N., Domestic Science Diploma ;

the others have no specific qualifications but have relevant experience).

4 Home Teachers.

LUNACY SECTION

10 Certifying Medical Practitioners (part-time)

M.C., F.R.C.S.E.

M.B., B.Ch., B.A.O.

M.B., B.Ch., B.A.O.

L.R.C.P., L.R.C.S., L.R.F.P.S.

L.R.C.P.I., L.M., L.R.C.S.I.

*M.R.C.S., L.R.C.P., D.P.M.

*M.D., D.P.M.

*M.D., L.R.C.P., L.R.C.S., L.R.F.P.S.

*M.B., Ch.B., D.P.M.

*M.A., B.M., B.Ch., D.P.M.

*These medical practitioners are of Consultant status. They also certify in cases where, having been called out in consultation, they find that certification is necessary.

1 Chief Duly Authorised Officer—Certificate of Poor Law Examinations.

1 Deputy Chief Duly Authorised Officer—no academic qualification but possessing long experience.

6 Duly Authorised Officers—three hold S.R.N. Certificate.

Clerical staff—1 shorthand-typist, 1 junior clerk.

(c) Co-ordination

(i) with the Regional Hospital Board by regular consultations with the Board's Officers in regard to the admission of mental defectives to institutions both under Orders and for short-term care in accordance with the Ministry of Health Circular 5/52.

No arrangement has been made up to the present time for the joint use of officers.

(ii) with the Hospital Management Committees continues to be good. There is an excellent relationship both with the mental hospitals and the mental deficiency institutions. The Psychiatric Social Service continues to undertake the after-care services for Highcroft Hospital and All Saints Hospital. The Mental Deficiency Section furnishes reports on the home circumstances of patients detained in institutions for whom application has been made for holiday leave, also relating to those patients who are considered suitable for licence, and

supplying reports for the information of the Visiting Justices to assist them in carrying out their duties in accordance with Section 11 of the Mental Deficiency Act, 1913. The Local Health Authority undertakes the after-care and rehabilitation of patients on licence from mental deficiency institutions who are resident in their area, and periodic reports upon their progress are supplied to the medical superintendents.

(d) **Duties delegated to Voluntary Associations—Nil.**

(e) **Training of Mental Health Workers**

Whilst there is no fixed in-service programme for the training of workers as such, the University sends numerous students to the different Sections, social workers attending both the Psychiatric Social Service and the Parent Guidance Clinic. Two students from the University Generic Casework Course were attached to the Psychiatric Social Service for four months' practical work and two students from the Child Care Course attended one day a week. In addition a student taking an external Diploma in Social Science at London attended for five weeks' continuous practical work.

2. ACCOUNT OF WORK UNDERTAKEN IN THE COMMUNITY

(a) **Mental Deficiency Section**

Under the Mental Deficiency Acts, 1913—1938 :—

(i) **ASCERTAINMENT**

The primary duties of the Local Health Authority under the Mental Deficiency Acts are to ascertain what persons are mentally defective and subject to be dealt with, to arrange suitable supervision, to arrange guardianship or institutional care where treatment is necessary, and provide training and occupation for defectives who are under supervision or guardianship.

The majority of cases ascertained are those notified by the Education Authority pursuant to Section 57 of the Education Act, 1944. Other cases are notified by medical practitioners, relatives, hospitals, probation officers, magistrates' courts and welfare officers.

<i>Particulars of cases reported during 1957</i>				<i>Under 16</i>		<i>Over 16</i>		<i>Total</i>
				<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	
Reported by Local Education Authority under Section 57 (3) and (5) Education Act, 1944				49	42	3	3	97
Reported by Police or Courts				—	—	1	—	1
Reported by other sources				7	4	5	11	27
				56	46	9	14	125

Admissions

Number of cases admitted to institutions during 1957	28	17	26	22	93
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Total cases on Authority's registers as at 31.12.1957

Under statutory supervision	304	243	1,015	781	2,343
In institutions	...	...	106	66	986	895	2,053
Under guardianship	...	...	—	—	8	7	15
Awaiting admission to institutions	...	...	48	28	18	12	106

(ii) GUARDIANSHIP

There are 15 patients under guardianship, 12 of them are in receipt of maintenance grants paid by the National Assistance Board in accordance with the Ministry of Health Circular No. 177/48. The majority of these cases are of low intelligence, quite incapable of earning a living and have been in the care of relatives for many years. They are visited regularly by the Administrative Medical Officer of Health for Mental Health and the Inspectors.

(iii) STATUTORY SUPERVISION AND TRAINING

					<i>Under 16</i>		<i>Over 16</i>		<i>Total</i>		
					<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>			
Under statutory supervision					304	243	1,015	781	2,343
Approximate number of females gainfully employed							396
Approximate number of males gainfully employed							876

Since the inception of the Mental Deficiency Acts, cases under statutory supervision have been visited by officers of the Education Authority on behalf of the Health Committee. Arrangements have now been made, however, for all cases over 21 years of age to be reviewed, and for those still requiring supervision to be visited in future by officers of the Mental Health Service.

The administration of the Occupation and Industrial Centres is also undertaken by the Education Committee on behalf of the Health Committee.

Facilities for the training of mental defectives under statutory supervision are provided at seven Occupation Centres, two Industrial Centres and one Senior Girls' Centre, and home teaching is provided for a number of cases unable to attend centres.

Particulars of the Centres are shown in the following schedule, together with the numbers attending :—

<i>Occupation Centres :</i>					<i>Under 16</i>		<i>Over 16</i>		<i>Total</i>
					<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	
Erdington	...	...	...	...	19	13	—	—	32
Glebe Farm	...	...	...	...	14	17	—	—	31
Kingstanding	...	...	...	...	17	10	—	1	28
St. Oswald's	...	...	...	...	14	18	—	—	32
St. Paul's	...	...	...	...	28	19	—	—	47
Weoley Castle	...	...	...	...	14	19	—	—	33
Wretham Road	...	...	...	...	17	15	—	—	32

Industrial Centres :

Bell Barn	9	—	31	—	40
Moseley Road	11	—	45	—	56

Senior Girls' Centre :

Bell Barn	—	7	—	55	62
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The activities of the Occupation Centres cover elementary speech-training, word recognition, music and movement, habit training, domestic and sense training, physical training and handicrafts, whilst at the Industrial Centres the subjects are more advanced and include basket-making, leatherwork, rug-making, boot repairing, sewing, clay modelling and woodwork. The object of such training is to develop a sense of muscular co-ordination and capacity for manual work, and to enable the patients as far as possible to fit in with community life.

As in previous years, the children were taken on outings to places of interest and visited the pantomime. Each centre had an "Open Day" and a Christmas Party at which the children gave an entertainment.

During June and October, 1957, 74 children attending the Occupation and Industrial Centres were provided with a week's holiday in the country, free of charge. The scheme, which has been in operation for several years, is a great success as it proved a benefit both to the children, many of whom would not otherwise have had a holiday, and to their relatives, who were able to have a well-earned rest from the responsibility of caring for the children at home.

Most of the defectives travel to the Centres by public service vehicles and fares are paid by the Health Committee.

Guides are provided where necessary. A number of physically handicapped/mentally defective children are conveyed to the Centres by private hire cars.

Fifty-nine mental defectives, who are unable to attend occupation centres, are provided with training by home teachers in their own homes.

During 1957, 205 cases, which were considered socially stable and secure and in respect of which satisfactory reports had been received for some years, were discharged from statutory supervision.

(iv) SHORT-TERM CARE UNDER MINISTRY OF HEALTH CIRCULAR No. 5/52.

During 1957, we were instrumental in finding accommodation for 51 patients for short-term care as a means of relief to their relatives. The patients, who were mostly children, were accommodated for periods of one week to three months. They were admitted to mental deficiency hospitals for the following reasons :—

	<i>Males</i>	<i>Females</i>
Illness of mother	19	6
To enable parents to take a holiday	12	5
Dental treatment for patients	—	2
For observation, pending certification under the Mental Deficiency Acts	3	4
	<hr/> 34	<hr/> 17
	<hr/>	<hr/>

(v) LICENCE

On 31/12/1957, there were 139 patients (74 males and 65 females) on licence from various mental deficiency hospitals resident in this area supervised by the Local Health Authority's officers. 127 have been found suitable employment, are successfully earning their own living and maintaining themselves in the community ; the remainder are incapable of employment or are too young. Where there are no relatives available to give the patients a home and where it is considered that the home environment is bad, efforts have been made to find lodgings with sympathetic people who are generally prepared to accept the responsibility of holding the licence. The interest and assistance shown by these licensees is of great value in the rehabilitation of the patients and is much appreciated. In some instances two or three patients are living in the same house,

and no less than 29 are so placed. Examples of employment followed by patients on licence are as follows :—

					<i>Males</i>	<i>Females</i>
Domestic service	...	...	...	...	—	19
Hotel service (resident)	...	...	...	...	8	—
Hotel service (non-resident)	...	...	...	...	3	—
Hospital domestic staff (resident)	...	...	...	...	—	21
Hospital domestic staff (non-resident)	...	...	...	...	—	7
Factory workers	...	...	...	...	22	7
Laundry workers	...	...	...	...	—	5
Canteen workers	...	...	...	...	—	1
Corporation Salvage Department	...	...	...	...	6	—
Corporation Parks Department	...	...	...	...	6	—
Corporation Public Works Department	...	...	...	...	3	—
Bakery trade	...	...	...	...	2	—
Miscellaneous	...	...	...	...	17	—

During the year 61 (39 males and 22 females) were discharged from licence. Practically all were considered by the respective Hospital Management Committees in accordance with Ministry of Health Circular 56/25, which recommends that patients should be discharged after a trial on licence for twelve months at most unless there are overwhelming reasons to the contrary. The Department has made every endeavour to maintain a friendly interest in those patients discharged from the Orders and prompt assistance has been the means of preventing a number from getting into serious difficulties.

As in previous years, arrangements were made during the summer for a number of cases on licence to have holidays and it is significant that several of the patients discharged asked to be included in the scheme. Most of the girls went to boarding-houses at Brighton, Hastings and Eastbourne, and were supervised by The Guardianship Society, Hove. The men went to Rhyl, Skegness and Llandudno, mostly to holiday homes under the auspices of the Y.M.C.A. The expenses of the holidays were borne by the patients and in most instances they travelled unaccompanied in small parties of two or three, and stayed for a period of fourteen days.

Special Early Diagnosis Clinics for the Mentally Handicapped

In order to put the recognition of mental backwardness on a proper medical footing it was decided to start these Clinics last year at the Welfare Centres, the parents being invited by

the health visitor to attend the Clinic by appointment when she has reason to suspect that a very young child might not be progressing normally. The aims of the Clinic are to diagnose backwardness and its causes as early and exactly as possible, to make arrangements for the further investigation and treatment of any other handicaps that might exist and to advise and help the parents with any difficulties they may have.

The impact of the birth of a mentally handicapped child into a family must necessarily be considerable and it is not only important to decide if anything can be done and arrange that the child gets the benefit of contemporary medical knowledge, but that the parents themselves are helped. They are obviously concerned, some anxious and fearful, and advice can be constructive in meeting their difficulties. By the co-operation of consultants, it is possible to refer these children to the Children's Hospital for complete bio-chemical investigation. It is hoped that this particular aspect of investigation will lead to curative treatment.

(b) Under the Lunacy and Mental Treatment Acts, 1890—1930

Looking back over the year under review it will be noted that, although the figures again show a considerable increase, a different pattern has emerged. The numbers of Certified cases have greatly decreased, from 659 during 1956 to 217 during 1957. This came about by manipulating the present legislation so that patients could be detained under extended periods of observation from 17 to 45 days. By this means certification was avoided and, although some patients had not sufficiently recovered to accept voluntary treatment during the initial period of 17 days, the majority of patients were either fit for discharge or capable of receiving treatment on a voluntary basis after the extended period.

This system was operated for 9 months and proved very effective, but unfortunately the Board of Control were of the opinion that this was not in accordance with the interpretation of the law, so the system had to be discontinued. Accordingly, the number of cases for certification began to rise but not in anything like the proportion as hitherto.

A strong feeling exists that senile patients who, late in life through an entirely natural process, become confused, childish, perhaps faulty in their habits, should not be certified and it is hoped that with the new concept envisaged by the Report of the Royal Commission on Mental Illness, certification of this type of case will be entirely avoided.

PATIENTS DEALT WITH IN 1957.

<i>Classification</i>	Jan.	Feb.	Mar	April	May	June	July	Aug	Sep.	Oct.	Nov.	Dec.	Total	1953
Certified ...	11	13	14	15	14	11	11	12	22	39	28	27	217	659
Voluntary ...	168	162	168	157	177	156	182	206	162	216	188	159	2101	1598
Temporary ...	—	—	—	1	—	—	—	—	—	—	—	—	1	3
Section 20, Lunacy Act ...	124	107	112	118	124	99	136	113	109	130	100	117	1389	911
Section 21, Lunacy Act ...	38	51	76	65	67	70	72	79	59	49	1	1	628	230
Urgency Orders	—	—	—	—	—	—	—	—	—	—	—	—	—	3
Not Certified ...	—	1	—	4	3	—	2	3	7	2	4	5	31	44
Withdrawn ...	—	—	—	—	—	—	—	—	—	—	—	—	—	7
Magistrates Courts Act 1952 (Sec. 30)	—	1	1	—	1	2	1	—	1	2	—	1	10	7
Visited ...	124	117	84	68	106	78	109	132	123	139	129	159	1368	1033
After-Care ...	11	15	15	16	19	12	11	8	6	12	10	15	150	177
Total cases dealt with in 1957 ...	476	467	470	444	511	428	524	553	489	589	460	484	5895	4672

COMMUNITY CARE

Within the framework of the Public Health Department are many avenues of help, e.g. Psychiatric Social Service, health visitors, district nurses, home helps and, under the Regional Hospital Board, Psychiatric Clinics and facilities for outpatient treatment. A duly authorised officer explores all these possibilities before resorting to removing a patient to a mental hospital. A cordial relationship exists between the duly authorised officers and the hospital medical officers and every effort is made to keep the patients in the community. This of course entails additional domiciliary visits and accounts for the rise in figures shown under this heading.

Many patients suffering from mental illness, for whom an outpatient appointment is made, become rather apprehensive when the time arrives and these cases the duly authorised officer conveys to the Clinic and endeavours to restore confidence, thereby hastening response to treatment.

To quote an example :—

One male patient, aged 35, reported by the general practitioner as being in urgent need of hospital treatment, was interviewed by a duly authorised officer and persuaded to see a consultant at a psychiatric clinic. Treatment over a six-week period was suggested and appointments made. The first appointment was not kept and when visited later by the duly authorised officer the patient was tense and frightened. He was reassured and conveyed to the clinic by car on this and each subsequent occasion. This man has now recovered and is maintaining full employment.

By conveying a patient to hospital or clinic for outpatient treatment, not only is the bed situation relieved, but keeping the patient in the community is obviously more advantageous.

Probably the most pathetic cases, which present a great problem, are those of senile dementia who live alone and, when other means of help have been tried and failed, the general practitioner has no alternative but to report the case for investigation under the Lunacy and Mental Treatment Acts. In many instances the duly authorised officer has been able to persuade the patient to enter an infirmary hospital by being at the house when the ambulance arrives and, through the co-operation of the appropriate medical officer, arranging admission.

The ages of cases dealt with by the duly authorised officers during the year under review range from 7 to 101.

(c) Psychiatric Social Service (Prevention, Care and After-Care)

In the past year the number of referrals has remained fairly constant, being 509 as against 513 in 1956. The most significant change has been the increase from 159 to 207 in referrals from mental hospitals. This was to be expected and reflects the closer integration with Highcroft and All Saints Hospitals.

The referrals from All Saints Hospital have been mainly of long-stay patients who are fit for discharge. When it is remembered that chronic patients make up 80% of the total mental hospital population it will be appreciated how tremendously important work with chronic patients is. The part the local health authority can play in reducing these numbers has been emphasised in the Royal Commission Report.

It is not suggested however, that the majority of existing long-stay patients should be transferred from mental hospitals to the care of the local authority and accommodated in hostels or residential homes. The majority of chronic patients will almost certainly remain where they are because they need continual nursing care. At the same time it implies that an appreciable number of chronic patients could leave hospital and be cared for by the local authority

provided the local authority had an adequate community care service and appropriate accommodation for those patients without homes. At All Saints Hospital during 1957 significant results have been achieved by concentrating on this problem. This success, it is believed, was dependent on three factors :—

1. The Psychiatric Social Service of the Public Health Department was allowed to work from the inside of the hospital towards the community with the psychiatric social worker's whole attention fixed on trying to help the long-stay patient.
2. There needs to be a hospital psychiatrist who is interested in the problem of the rehabilitation and discharge of chronic patients and who has the power to take decisions. This requirement was fulfilled.
3. The existence of a private lodging house which has functioned as a small unofficial hostel for mental patients.

At the beginning of the year a meeting was arranged between the medical staff at All Saints Hospital and the social workers of this section. At that time the hospital was closed to voluntary admissions because of severe overcrowding. It was felt, however, that there were a number of long-stay patients who no longer needed the specialised care of a mental hospital but who, for one reason or another, had remained in hospital. A plan was drawn up for the social workers to co-operate with the doctors to facilitate their discharge.

Work was concentrated on the male patients as the problem seemed more severe on the male side. Many patients were discussed with the doctors when the social workers paid their weekly visits to the hospital. The social workers did not concentrate wholly on the long-stay patients but covered all patients who were referred by the doctors as people who needed help in making some adjustment outside the hospital. The following table shows that, of the patients who had been in hospital four years or more on referral, ten were discharged from hospital, of whom eight were working after six months. A further patient was discharged home and continues to attend the hospital daily and yet another patient who had been in hospital ten years was discharged and readmitted after four months. One patient was transferred to a chronic sick hospital.

<i>Age</i>	<i>Years in Hospital</i>	<i>Discharge</i>	<i>Employment</i>
40	6	Lodgings	Yes
52	18	Lodgings	No
44	24	Lodgings	Yes
51	24	Home	Yes
37	21	Home	No
67	4	Home	Yes
50	12	Lodgings	Yes
39	4	Lodgings	Yes
56	29	Home	Yes
48	17	Lodgings	Yes

A number of patients were also referred who had been admitted to hospital several times in recent years. Where it was found that the patient's home conditions were contributing to his instability, efforts were made to place him in suitable lodgings.

The results of the first few months' work with All Saints Hospital were startling and certainly encouraging. By the summer, however, the number of referrals began to decrease and it was felt that the basic problem of discharging long-stay and recurrent patients who did not need hospital care had been accomplished.

By this time the social workers were beginning to feel more confident in their work with chronic patients and saw the problem, not as a simple matter of whether this or that patient was well enough to return home, but as a complex social issue involving not only the patient's mental state but also the effect of institutional life on him and the attitude of his family and the public at large to his condition. It was felt that in some cases patients could be prevented from further deterioration by being given the added social stimulus of regular visits by relatives and friends and by day or weekend leaves. The suggestion was put forward that in some instances too, the social worker with his knowledge of community resources might be able to suggest the discharge of a patient whom the doctor had hitherto not considered.

It was, therefore, decided that a social worker, in consultation with the nursing staff and a hospital doctor, should carry out a thorough investigation of each chronic male patient, making a full assessment as to the social needs and capabilities of each patient. Where it was felt more desirable that relatives should visit more often or should have the patient home on leave, visits were paid to the home and matters discussed fully with relatives.

By the end of the year 92 patients had been seen and were being investigated in this way. Such work is essentially long-term and in some instances many home visits are needed to effect some change. Already a number of patients are being visited more regularly and some are having day and weekend leaves with their relatives. Four patients have been discharged after these enquiries and it is likely that another two will follow.

A brief illustration of this work with long-stay patients is given, but it is by no means representative as each patient presents a unique problem.

Mr. G., aged 40, had been in hospital for six years. He had been admitted after a severe breakdown but soon adapted himself to hospital life. During his first four years in hospital his behaviour was rather erratic and he became depressed at times, but he was never violent or threatening. His wife refused to visit him in hospital and was believed to be living

with another man. During his last two years in hospital he had seemed to be more stable ; he worked well in the grounds and was encouraged to leave the hospital to find lodgings and look for work.

Mr. G. was a quiet, solitary man and he lacked the confidence to go out into the world after such a long period in hospital. He was referred to one of the Department's psychiatric social workers early in 1957. He said he did not want anything further to do with his wife and agreed to go into lodgings. He was helped to find suitable lodgings and a job in a factory, and has now been working eleven months, having lost only three days' work in that time. Mr. G. is more alert and less solitary than he was in hospital and shows every sign of being stable.

Below is shown the number of patients who had been in hospital twelve months or more and were discharged during 1956 and 1957 from Birmingham mental hospitals. Against a general trend of fewer chronic patients being discharged in 1957 compared with 1956, due probably to the fact that the introduction of new drugs had already achieved its maximum results, the discharge of chronic male patients from All Saints Hospital increased by 108%, from 12 to 25.

	1956		1957	
	<i>Males</i>	<i>Females</i>	<i>Males</i>	<i>Females</i>
Highcroft Hospital	11	27	12	18
All Saints Hospital	12	17	25	16
Rubery Hill Hospital	14	18	9	11
Hollymoor Hospital	11	24	10	16

PREVENTIVE WORK WITH PROBLEM FAMILIES

The general pattern of this section is beginning to emerge. Its prime justification within the mental health community care service is its determination to prevent the break-up of families provided there is a reasonable amount of affection between parent and child. For this reason the section has continued to accept the referrals by the Housing Management Department of families with arrears of rent who are threatened with eviction. There were 63 cases this year as against 104 in 1956, and in about one-third of these it was found necessary to provide a continuing service, the rent arrears being a symptom of deeper and more complicated problems.

Work with problem families almost inevitably means interpreting their needs to other agencies, notably the National Assistance Board, and acting as a buffer between the family and other agencies who threaten the family with disruption. Other threats that have to be faced, with the social worker's support, are a multitude of debts and prosecutions for debts, both of the hire purchase variety and debts to statutory bodies such as the Gas and Electricity Boards, Children's Department, etc.

In an attempt to cover more families than is normally considered possible when working with problem families, regular discussions continue with the staffs of twelve of the welfare clinics and a small start has been made with the employment of special home helps with problem families. It is not thought that this is the answer to the problem family but a possible answer in certain cases. The most obvious situation where a home help should be considered is where there is general dissatisfaction with the state of the home and the children and where this state seems to stem from the mother's inability to cope with an impossibly large family with several children under five years of age. This inability cannot be cured by training nor, as is so often tried, by simply telling her to do better and then threatening to take away her children when she fails to respond.

COMMUNITY CASE WORK REFERRALS, 1957

<i>Source of Referral</i>	<i>Jan.</i>	<i>Feb.</i>	<i>Mar.</i>	<i>Apr.</i>	<i>May</i>	<i>June</i>	<i>July</i>	<i>Aug.</i>	<i>Sept.</i>	<i>Oct.</i>	<i>Nov.</i>	<i>Dec.</i>	<i>Total</i>
Public Health Dept. ...	7	6	6	9	11	6	3	6	10	11	19	4	98
Hospitals ...	25	49	19	22	14	8	18	5	16	10	11	10	207
Housing Management Dept. ...	1	8	5	5	5	5	2	3	7	3	11	8	63
Children's Dept. ...	1	—	—	—	2	—	—	2	1	—	6	1	13
Probation Dept. ...	—	2	—	1	2	2	1	—	1	1	1	1	12
Welfare Department...	1	1	—	—	1	—	—	—	1	1	1	1	7
General Practitioners...	2	3	2	3	3	1	—	1	—	—	1	—	16
Education Dept. ...	—	—	—	1	—	—	2	2	—	2	—	—	7
Ministry of Labour ...	—	—	1	1	—	1	—	—	—	—	—	—	3
Child Guidance Clinic	—	1	—	—	—	—	—	—	—	—	—	—	1
National Assistance Board ...	1	1	—	—	1	2	2	2	—	2	—	—	11
Citizens' Advice Bureaux ...	—	—	—	—	—	—	—	—	—	—	—	1	1
Voluntary Agencies ...	2	4	2	2	2	—	1	2	—	2	—	—	17
Self, Relative or Friend	4	7	3	3	6	5	4	2	3	3	6	7	53
Total ...	44	82	38	47	47	30	33	25	39	35	56	33	509

DAY HOSPITAL

During the year under review an increasing number of patients have used the Day Patient Scheme at Highcroft Hospital. At the beginning of the year four patients were attending daily, sixteen patients joined the scheme during the course of the year and twelve patients discontinued, so that at the end of the year there were eight patients attending daily. Of the twelve patients who discontinued attending, seven were discharged and five were readmitted to a hospital bed.

The scheme is proving useful, not only as a means of discharging hospital patients, but also as a method of avoiding the admission of a patient who is showing signs of deterioration in the community.

Two patients were referred to the hospital during the year by the Psychiatric Social Service as patients who, although living in the community, might benefit from the day patient facilities :—

(i) A man aged 21. He has been in hospital four times already with a severe mental condition. His parents were quite devoted to him and wished to do all they could for him. However, each time he came home he rapidly deteriorated and had to return. On his last discharge from hospital this Section was asked to keep in touch with him. He soon began to deteriorate and when this happened he was persuaded to attend the hospital daily. He has now done this for about ten weeks. He has shown no further deterioration and, in fact, appears to be quite happy working in the hospital.

(ii) A man aged 34. He is married with four children and suffers from epilepsy. Because of his condition he has been unable to find work. He gets irritable with his family and there is a very strained relationship between himself and his wife. He has a rather difficult personality and his wife complains that he is sullen, morose and has dirty habits.

He has been admitted to hospital three times over a period of two years. He was persuaded to attend the hospital daily and is now occupied during the day and this has relieved tension all round.

PSYCHIATRIC SOCIAL WORK FOR HIGHCROFT HOSPITAL

The Psychiatric Social Service continues to provide a service equivalent to one full-time psychiatric social worker at Highcroft Hospital.

Details are given below :

1957	<i>Jan.</i>	<i>Feb.</i>	<i>Mar.</i>	<i>Apr.</i>	<i>May</i>	<i>June</i>	<i>July</i>	<i>Aug.</i>	<i>Sept.</i>	<i>Oct.</i>	<i>Nov.</i>	<i>Dec.</i>	<i>Total</i>
Social histories in-patients ...	12	7	6	13	12	18	16	9	18	31	22	13	177
Social histories Out-patients ...	21	11	10	9	26	20	27	7	10	27	28	19	215
After-Care ...	1	6	3	5	6	5	3	2	4	—	2	2	39
Pre-discharge ...	10	7	1	5	—	—	2	3	1	1	—	—	30
On trial ...	3	3	—	1	1	—	—	—	—	—	—	2	10
Miscellaneous ...	5	8	2	9	9	3	4	2	6	4	2	10	64
Total cases dealt with in 1957 ...	52	42	22	42	54	46	52	23	39	63	54	46	535

SOCIAL CLUB

The Social Club has now been in existence for nearly a year, having held its first meeting at the beginning of February, 1957. During this period it has had a total of 35 members, a member being anyone who has attended at least one meeting. In addition at least twelve other people have been referred as possible members but, though invited, have never actually attended the Club.

Of the 35 members, 25 were at one time patients in mental hospitals, 22 of these having been in Highcroft Hospital. Five more were referred from Highcroft Outpatient Clinics and the remaining 5 by the Psychiatric Social Service Staff. The great majority of members are men, far more men having been referred than women.

Attendance reached its peak last April and May, there being as many as twelve people present on several occasions, but it has declined since then and now there are only six regular attenders, three of whom have been coming since the Club started. Of the 35 original members, 10 have attended only once or twice and a further 4 once regular members have, unfortunately, had to go back into hospital.

Sources of referral to the educational psychologist are the same as outlined in the 1956 Report. On the basis of an individual intelligence test, observation of the child in a test situation, information received from the child in discussion and from records of background and previous behaviour, a full report is made.

REFERRALS TO EDUCATIONAL PSYCHOLOGIST

	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
Reports for Magistrates	36	41	42	32	47	40	50	23	36	37	38	42	464
Reports on children in care of Children's Department ...	1	1	1	—	—	—	—	—	—	—	—	—	3
Reports to Mental Health Section ...	2	1	—	2	2	2	2	—	4	—	3	2	20
Total cases dealt with in 1957 ...	39	43	43	34	49	42	52	23	40	37	41	44	487

The greater part of testing and interviewing is for reports to Magistrates on the children remanded by them in any of the three Remand Homes in the City. This part of the work has increased upon last year—464 reports were made for Magistrates as compared to 429 in the previous year.

The reports attempt to furnish the Magistrates not only with an assessment of the child's mental ability and educational standing, but also with suggestions as to causal factors of the delinquency, adjustments that might be made to avoid further breakdowns in behaviour if the child remains at home and the type of placement away from home if this is deemed necessary.

Fewer cases have been referred of children in the care of the Children's Department placed in children's homes, nurseries or foster homes. These cases have presented similar problems to those indicated in the previous Report.

Slightly more children have been seen in connection with the Parent Guidance Clinic. These are cases where the psychiatrist and psychiatric social workers consider that an assessment of the young child's intelligence would be helpful to them in treatment and in modifying expectations and demands of parents upon the children. In a few cases the intelligence level has been reassessed after the period of a year and it has been interesting and significant to record the intellectual progress that has occurred with more healthy emotional development.

(d) Parent Guidance Clinic

During the year 155 new cases were referred to the Parent Guidance Clinic, of which about 60% came from the infant welfare clinics. The remainder were referred by general practitioners, various social agencies, such as the Marriage Guidance Council and the Probation Service, while some had heard of the Clinic and came along on their own initiative.

There is still a psychiatrist for four sessions a week, a full-time psychiatric social worker, a social worker and two secretarial staff.

Besides the handling of individual cases in an effort to bring about improvement, either in children's behaviour problems or in difficult marital situations, the programme of teaching through talks has continued. Some sixty talks have been given, a few of these being to professional groups such as nursing staff and the rest to mothers attending such social organisations as Young Wives' Clubs. These latter proved to be a most fruitful source for discussion and learning.

Any work which we are able to do at the Clinic, helping children to receive wise handling, which will lay down good foundations for mental health, is regarded as an invaluable part of our programme. It becomes more and more obvious that it is not possible to treat young children in isolation, since their difficulties are reactive to strain within the home, and the whole family unit must be taken into account, with help for individual members, if good therapeutic work is to be done.

Details of referrals are given below :

Infant Welfare Clinics	...	...	...	...	...	89
Nursery Schools	...	...	...	...	...	12
School Health Service	...	...	...	...	...	1
General Practitioners	...	...	...	...	...	15
Family Planning Association	...	...	...	...	...	5
Marriage Guidance Council	...	...	...	...	...	15
Self referrals	...	...	...	...	...	8
Psychiatric Social Service	...	...	...	...	...	2
Children's Hospital	...	...	...	...	...	4
Probation Service	...	...	...	...	...	2
Family Service Unit	...	...	...	...	...	1
Public Health Department	...	...	...	...	...	1
						<hr/> 155 <hr/>

(e) Health Advice Bureau

The number of cases seen during 1957 was four. Although the number was small it would appear that those referred obtained some benefit from the combined efforts of the doctor and clergyman concerned, and the continuation of this Clinic is justified.

3. EDUCATIONAL PROGRAMME

General Health Education Programme

Lectures and discussions were held at H.M. Prison, Winson Green, most hospitals in the City, training colleges, women's clubs and for the general public.

Total number of lectures, etc., given—71.

AMBULANCE SERVICE

(SECTION 27—NATIONAL HEALTH SERVICE ACT, 1946)

The grand total of patients conveyed by the Ambulance Service during 1957, excluding patients carried on behalf of the Service by the Hospital Car Service, was 344,828, a slight increase on the figure of 344,608 for 1956.

Whilst there was an increase in the number of casualties conveyed by the Accident Section of the Service, for the first time there was a decrease, albeit very slight, in the number of cases conveyed by the Hospital Removal Section. This slight decrease was due mainly to the continued decline in the total number of tuberculosis cases carried, which is dealt with in more detail in a later paragraph.

The number of patients conveyed by the Hospital Removal Section during the past four years was as follows :—

<i>Year</i>	<i>Patients conveyed by Hospital Removal Service</i>			<i>Comparison with previous years</i>	
				<i>Increase</i>	<i>Decrease</i>
1954	326,971	23,520	—
1955	328,561	1,590	—
1956	330,416	1,855	—
1957	330,252	—	164

Detailed statistics under various classifications are shown in the following tables, which also give comparative figures for the past five years.

HOSPITAL REMOVAL AMBULANCES

COMPARATIVE ANNUAL TOTALS OF CASES CARRIED ACCORDING TO
CLASSIFICATION

<i>Analysis of Cases</i>			<i>1953</i>	<i>1954</i>	<i>1955</i>	<i>1956</i>	<i>1957</i>	
Out- posted Units	Clinic cases	...	203,434	226,473	227,744	234,939	237,129	
	Admissions	...	25,980	27,413	28,528	27,362	27,968	
	Discharges	...	35,366	35,150	35,438	33,766	33,982	
	Transfers	...	8,169	9,382	9,940	9,621	9,228	
	Emergency							
	Maternity Service		140	134	93	110	114	
	Maternity	...	8,428	7,965	7,627	8,320	8,164	
	Monyhull—Mental		939	1,001	1,109	1,337	1,239	
	Little Bromwich							
	Infectious	...	2,165	1,612	1,822	1,563	1,898	
	Yardley Green—							
	Tuberculosis	...	17,284	16,266	14,693	11,902	8,984	
Miscellaneous	...	1,546	1,575	1,567	1,496	1,546		
TOTALS			...	303,451	326,971	328,561	330,416	330,252

TOTAL NUMBER OF PATIENTS DIVIDED INTO STRETCHER AND
SITTING CASES

			1953	1954	1955	1956	1957
Stretcher cases	...	...	65,921	66,371	73,492	74,886	75,561
Sitting cases	...	...	237,530	260,600	255,069	255,530	254,691
TOTALS	...	...	303,451	326,971	328,561	330,416	330,252

It will be noted that, following the pattern of recent years, there was a further slight decrease in the proportion of sitting cases to stretcher cases, as shown in the following :—

RATIO OF SITTING TO STRETCHER CASES

1954	...	...	3.93	: 1
1955	...	...	3.47	: 1
1956	...	...	3.41	: 1
1957	...	...	3.37	: 1

Principal variations in the classified analysis occurred as follows :—

<i>Increases</i>	Clinic cases (all forms of out-patient treatment)	...	2,190
	Admissions	...	606
	Discharges	...	216
<i>Decreases</i>	Maternity cases (including E.M.S.)	...	152
	Infectious and Tuberculosis Units	...	2,583

Accident Ambulances

The increased accident ambulance cover provided in 1956 was maintained, and improved efficiency resulted from the use of short wave radio. The installation of radio in accident ambulances facilitated the introduction of a procedure whereby ambulance crews inform the appropriate hospital via Control of any accident involving patients with serious injuries, enabling the hospital staff to make the necessary arrangements, before the arrival of the ambulance, to speed up essential treatment.

Additional cover was again provided for special occasions when an increase in the number of accident calls could be expected, by ambulances and crews of the Hospital Removal Section and the St. John Ambulance Brigade.

There was an increase in the number of calls and casualties carried by the Accident Section as compared with 1956, the respective figures being as follows :—

								1956	1957
Calls	...	...	...	...	...	...	...	14,965	15,223
Casualties	...	...	...	...	...	...	...	14,192	14,576

Under mutual assistance arrangements with neighbouring authorities, this Service provided accident ambulances in response to 20 calls to incidents outside the City Boundary—this was 13 less than in the previous year. The responses made to such emergency incidents are performed on a non-chargeable basis in accordance with an agreement between all local health authorities.

It was not found necessary to operate the procedure for dealing with a major disaster or catastrophe during the year.

A detailed analysis of location of calls, classified injuries, hospitals to which casualties were conveyed and the number of fatalities, with comparative figures for the previous year, is shown in the following tables :—

ACCIDENT AMBULANCE CALLS

LOCATION OF CALLS

						1956	1957
Street accidents involving vehicles ...	...	...	...	...	...	3,350	3,561
Factory accidents ...	...	...	...	...	...	955	816
Private houses ...	...	...	...	...	...	4,249	4,574
Offices ...	...	...	...	...	...	90	43
Shops and restaurants...	...	...	...	...	...	415	399
Outdoor (other than street accidents)	...	...	...	...	...	3,953	3,794
Licensed premises ...	...	...	...	...	...	252	300
Schools ...	...	...	...	...	...	354	382
Cinemas and theatres ...	...	...	...	...	...	160	133
Other premises ...	...	...	...	...	...	1,122	1,165
False alarms (malicious)	...	...	...	...	...	65	56
TOTAL ...						14,965	15,223

CLASSIFICATION OF INJURIES TO PATIENTS CARRIED IN AMBULANCES

						1956	1957
Fractures ...	...	...	...	...	...	2,042	2,069
Wounds ...	...	...	...	...	...	3,298	3,301
Collapse, fits, strokes ...	...	...	...	...	...	3,088	3,085
Abrasions and bruises ...	...	...	...	...	...	587	602
Gas poisoning ...	...	...	...	...	...	149	105
Drowning ...	...	...	...	...	...	8	2
Eye injuries ...	...	...	...	...	...	65	65
Dislocations and sprains ...	...	...	...	...	...	392	407
Hanging... ...	...	...	...	...	...	4	2
Concussion, shock ...	...	...	...	...	...	739	866
Haemorrhage ...	...	...	...	...	...	338	397
Scalds and burns ...	...	...	...	...	...	485	426
Poisoning ...	...	...	...	...	...	372	360
Not classified ...	...	...	...	...	...	2,625	2,889
TOTAL ...						14,192	14,576

DESTINATION OF CASUALTIES

						<i>1956</i>	<i>1957</i>
Accident Hospital	...	...	...	...	...	4,349	4,503
General Hospital	...	...	...	...	...	6,394	6,233
Other Hospitals	...	...	...	...	...	3,354	3,764
Casualties actually carried in ambulances but not taken to hospital...	...	...	...	...	...	95	76
						<hr/>	<hr/>
				TOTAL	...	14,192	14,576
						<hr/>	<hr/>

FATALITIES

		<i>1956</i>	<i>1957</i>
Number of persons found dead on arrival of ambulances	205		218

The following table shows the incidence of accident calls during the day in relation to the age group of casualties—

ACCIDENT AMBULANCE CALLS, 1957
TABLE SHOWING NUMBER OF PERSONS OF VARIOUS AGE GROUPS CARRIED IN ACCIDENT AMBULANCES
DURING EACH HOUR OF THE DAY

Age Group	HOURS OF THE DAY																							Total	
	00-01	01-02	02-03	03-04	04-05	05-06	06-07	07-08	08-09	09-10	10-11	11-12	12-13	13-14	14-15	15-16	16-17	17-18	18-19	19-20	20-21	21-22	22-23		23-00
5 and under	18	9	5	4	5	3	8	9	26	42	53	85	95	82	83	102	101	95	79	86	40	41	28	24	1,123
6-10	4	6	2	—	—	—	—	4	25	32	41	66	97	118	88	98	134	112	99	85	56	29	26	12	1,134
11-15	5	5	3	2	1	—	1	4	38	37	84	95	103	108	95	125	125	81	59	65	63	52	43	20	1,214
16-20	58	21	10	11	5	5	6	43	61	41	53	48	89	71	73	75	89	102	71	56	72	81	127	103	1,371
21-25	70	34	20	10	7	4	8	38	49	51	46	58	62	70	61	72	85	67	52	50	71	60	153	128	1,326
26-30	56	33	18	8	6	13	11	33	47	45	70	52	55	42	71	72	53	48	60	52	40	53	125	103	1,166
31-35	46	28	10	6	8	2	8	40	32	27	35	52	44	45	52	60	44	47	62	38	32	52	91	78	939
36-40	43	28	14	6	6	3	9	26	31	42	32	39	44	35	50	72	48	52	56	42	26	44	91	60	899
41-45	37	13	16	9	4	2	5	22	28	36	40	41	57	41	49	51	46	47	50	31	38	34	82	67	846
46-50	29	16	13	14	2	3	8	44	36	42	31	41	47	39	55	48	42	49	40	39	34	26	66	61	825
51-55	23	17	6	2	6	2	8	24	30	23	40	49	50	37	53	42	51	45	33	21	29	30	50	43	714
56-60	17	4	9	4	6	6	13	22	27	32	31	44	50	55	58	58	35	52	42	42	20	33	70	41	771
61-65	7	11	7	3	4	4	8	22	33	19	28	42	29	30	41	41	37	31	34	38	32	23	45	24	593
66-70	11	4	3	1	—	2	10	11	22	14	36	36	48	31	41	28	30	42	25	30	23	34	30	18	530
Over 70	14	9	8	9	9	4	8	26	22	43	61	80	102	82	95	64	71	63	70	58	49	41	63	38	1,089
Unknown Age	—	—	—	—	—	—	—	3	1	—	—	2	4	1	3	2	1	2	2	1	1	2	5	6	36
TOTAL	438	238	144	89	69	53	111	371	508	526	681	830	976	887	968	1010	992	935	834	734	626	635	1095	826	14,576

The majority of accident calls received in the Control Room continue to be via the G.P.O. "999" telephone system. The following table gives an analysis of the methods used in transmitting calls to the Service during the year.

METHOD OF TRANSMISSION OF CALLS

G.P.O. "999" system	...	...	...	...	...	...	10,015
Police Information Room	...	...	...	...	...	...	2,649
Exchange telephone	...	...	...	...	...	...	1,858
Private wire telephones	...	...	...	...	...	...	200
Street fire alarms	...	...	...	...	...	...	56
Messenger	...	...	...	...	...	...	386
Radio	...	...	...	...	...	...	48
Observed by ambulance crew	...	...	...	...	...	...	11
							<hr/> 15,223 <hr/>

Control and Use of Ambulances

The National Health Service (Amendment) Act, 1957 empowered local health authorities to make their ambulances available for use, on repayment, for the conveyance of persons suffering from illness in circumstances in which they have not already the duty to do so under Section 27 of the National Health Service Act, 1946.

The Act gave local health authorities power, for example, to provide ambulances to stand-by at sports meetings and other large public gatherings to deal with possible casualties, and to charge the promoters of the meetings for the provision of this service. The Act does not alter in any way the duty imposed upon local health authorities by Section 27 of the 1946 Act to provide ambulance transport where this is necessary for the conveyance of persons suffering from illness.

During the year under review no occasion arose for the implementation by this Service of the new powers granted by the Act.

Radio

The installation of short wave radio was completed early in the year and, in order that the fullest operational value be obtained from all sets, additional ambulances were wired for radio during the year ensuring that, when an ambulance is undergoing repair, its radio set can be put to full operational use on another vehicle.

Apart from the substantial saving in mileage achieved during the year, dealt with in detail under the heading "Mileage," other advantages have accrued from the use of radio. These include the ability to intercept ambulances to convey further routine cases in the area in which those

ambulances already have assignments, and to intercept and redirect ambulances to ensure speedy collection of urgent or maternity cases. In many instances Bed Bureau work has been expedited by the despatch of an ambulance to an address in anticipation of a bed being obtained so that, by the time a hospital has agreed to accept the patient, the ambulance crew is already at the patient's house, awaiting destination instructions. The resultant decrease in the use of telephonic communication has saved time formerly spent by ambulance crews in waiting to use telephones at hospitals.

Outposted Ambulances

The out posting of ambulances and staff for dealing with infectious diseases and tuberculosis cases at Little Bromwich and Yardley Green Hospitals respectively was continued. It will be noted from the comparative analysis table on a previous page that there was a continued decline in the total number of tuberculosis cases carried. This was due to a sharp decrease in the number of tuberculosis out-patients conveyed, there actually being an increase in the number of tuberculosis in-patients conveyed.

There was a decrease in the number of patients carried by the out-posted ambulance serving Monyhull Hall and associated mental hospitals ; 1,239 as compared with 1,337 in 1956.

Ambulance Fleet

The strength of the ambulance fleet remained the same as in the previous year, viz :—

Dual purpose (stretcher) ambulances	...	...	...	...	72
Sitting case ambulances	...	...	...	...	27
Sitting case cars	...	...	...	...	3
Ambulance coach (20 seater)	...	...	...	...	1
					<hr/>
					103
					<hr/>

Normal replacements during the year included two ambulances designed for use at Yardley Green Hospital and incorporating special features necessary to the specialist nature of the work, and three dual-purpose ambulances into which was incorporated a separate sitting case compartment to meet the need for vehicles of increased capacity for recovery hospital work.

Conveyance of Patients by Rail

There was again an increase in the number of cases transported on the ambulance/rail/ambulance basis, 899 as compared with 854 in 1956. Excellent co-operation continued between the Service, British Railways

and other authorities in dealing with these cases. This method of conveyance has many advantages and its use where medium or long distances are involved is constantly urged.

Birmingham Fire and Ambulance Service ambulances were provided at the request of other local health authorities to meet trains at the city railway stations and transport some 596 patients either to final destinations or to other railway stations to continue journeys.

Mutual Assistance

Mutual assistance arrangements were continued during the year to secure economy in the use of ambulances where boundaries are crossed in the conveyance of patients from one area to another. In addition to the over-the-border accident calls referred to in a previous paragraph, the following table shows figures relating to cases conveyed by ambulances of the Hospital Removal Section.

	1956	1957
Patients conveyed from outside to places inside the City	20,501	20,216
Patients conveyed by ambulance to places outside the City	20,881	20,438

These figures show a slight decrease over those for the previous year and include 248 patients conveyed on a chargeable basis for other local health authorities.

Maternity Services (including Emergency Maternity Service)

The number of maternity cases conveyed from home addresses to the various maternity hospitals decreased slightly during the year, there being 8,164. The Ambulance Midwives provided by the Service to accompany these cases were required to give professional attention in 156 cases, made up as follows :—

Delivery at home prior to removal by ambulance	99
Delivery in ambulance en route to hospital	33
Cases where attention was given to the needs of mother and baby when delivery occurred prior to ambulance call or attendance	24

There was a slight increase in the number of calls for ambulances for the Emergency Maternity Service operated by Loveday Street Maternity Hospital during 1957, when calls totalled 114, an increase of 4 over the figure for the previous year. The provision of this transport by the Ambulance Service is on a chargeable basis to the Hospital in accordance with a standing agreement.

Marston Green Maternity Hospital

The ambulance coach operations for providing transport for out-patients attending Marston Green Maternity Hospital were continued during the year and 28,293 patients were conveyed, which is an increase of 1,376 over the figures for 1956.

Highcroft and All Saints Hospitals—Day Hospitals

The Service continued to co-operate in the day hospital experiment at Highcroft Hospital by conveying certain selected mentally ill patients to the Hospital each morning and returning them to the care of relatives in the evening. During the year similar arrangements were made in respect of All Saints Hospital.

Transport of Surgical Teams

Arrangements were completed with the National Coal Board during the year for the provision by the Service, on repayment, of transport for surgical teams from the Accident Hospital to certain collieries in the West Midlands Division, in the event of such a need arising at those collieries. No calls for this transport have as yet been received.

Mileage

The following table shows the distribution of total mileage among the three Sections of the Service over the past five years. Whilst there was an increase in the mileage of Accident Ambulances, there was a substantial decrease in the mileage of Hospital Removal and Outposted Ambulances.

		1953	1954	1955	1956	1957
Hospital Removal						
Ambulances	... ..	1,520,837	1,553,092	1,577,312	1,581,413	1,531,445
Accident Ambulances	... ..	105,793	104,950	109,966	96,712	103,615
Outposted Ambulances	... ..	121,110	105,460	105,019	110,609	95,229
		<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
		1,747,740	1,763,502	1,792,297	1,788,734	1,730,289
		<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

With regard to Hospital Removal and Outposted ambulances, despite the increased traffic to and from recovery hospitals outside the City and the movement of population during the past few years from the Central Areas to the outskirts of the City, both of which factors should tend to increase mileage, the average monthly mileage in relation to the average number of patients carried per month has, due to organisational improvements, tended to decrease. In comparison with 1956, when the monthly average of cases carried was approximately the same, 1957 shows a sharp decrease in average monthly mileage. Significantly, 1957 was the first full year's operation of short wave radio on ambulances.

The following table illustrates this effect :—

AMBULANCE REMOVALS DIVISION
HOSPITAL REMOVAL AND OUTPOSTED AMBULANCES
MONTHLY AVERAGE OF CASES CARRIED AND MILEAGE RUN

<i>Year</i>	<i>Cases Carried</i>			<i>Mileage</i>
	<i>Monthly Average</i>			<i>Monthly Average</i>
1953	25,287	136,829
1954	27,248	138,213
1955	27,379	140,194
1956	27,535	141,001
1957	27,521	135,556

Staff

Promotions during the year included one Traffic Foreman to Depot Superintendent, two Leading Drivers to Traffic Foreman, one Leading Driver to Senior Control Operative, and five Drivers to Leading Driver.

Details of the establishment and strength of the Ambulance Service at the end of 1957 are as follows :—

				<i>Strength at 31.12.57</i>			
<i>Operational and Depot Staff</i>				<i>Establishment</i>	<i>Men</i>	<i>Women</i>	<i>Total</i>
Ambulance Officer	...	...	...	1	1	—	1
Depot Superintendent	...	...	...	1	1	—	1
Hospital Liaison Officer	...	...	...	1	1	—	1
Deputy Depot Superintendent	...	...	...	1	1	—	1
Traffic Foremen	...	...	...	10	9	—	9
Clerks	...	...	...	5	2	3	5
Storekeeper	...	...	...	1	1	—	1
Depot Drivers	...	...	...	3	2	—	2
Depot Assistants	...	...	...	4	4	—	4
Ambulance Cleaners	...	...	...	12	6	—	6
Cooks and Cleaners	...	...	...	5	—	7†	7
Leading Drivers	...	...	...	10	10	1	11
Drivers and Attendants	...	...	...	168	128	22	150
Midwives	...	...	...	12	—	10*	10
<i>Ambulance Control</i>							
Control Duty Officer	...	...	...	1	1	—	1
Senior Control Operatives	...	...	...	6	6	—	6
Leading Control Operatives	...	...	...	4	—	3	3
Control Operatives	...	...	...	23	1	21	22
				<u>268</u>	<u>174</u>	<u>67</u>	<u>241</u>

* Includes 4 part-time.

† Includes 5 part-time.

Bed Bureau

There was an increase in the number of requests placed with the Emergency Bed Bureau, which is operated by the Ambulance Service on behalf of the Birmingham Regional Hospital Board ; 13,097 requests were received from general practitioners, etc., beds being obtained in 12,486 of these cases. The figures for the previous year were 12,528 requests, beds being obtained in 11,787 cases.

Voluntary Services

HOSPITAL CAR SERVICE

The assistance of this body of voluntary drivers, using their own cars, again proved a valuable contribution to the work of the Ambulance Service. The total number of cases carried by the Hospital Car Service, which are not included in the Ambulance Service figures, decreased slightly on the previous year. The mileage, however, reflecting improved co-ordination of journeys, decreased substantially. The comparative figures for the past two years are as follows :—

							1956	1957
Patients	...	...	...	...	...	...	13,449	13,238
Mileage	...	...	...	...	...	...	114,766	104,702

ST. JOHN AMBULANCE BRIGADE

Valuable assistance was again received from this organisation whose members continue to man ambulances during the evenings and week-ends and to provide additional cover on special occasions.

Voluntary members of the St. John Ambulance Brigade, the British Red Cross and the Women's Voluntary Service continued to assist the Ambulance Service by acting as escorts for patients being conveyed by rail.

NATIONAL ASSISTANCE ACTS, 1948 AND 1951

COMPULSORY REMOVAL

During 1957 there was again a slight decrease in the number of patients referred for removal under the National Assistance Acts. Thirty cases were investigated (23 women and 7 men). Every effort is made to provide adequate care in the home, and where institutional accommodation is necessary, to persuade the old person to agree to admission voluntarily. During the year it was found necessary to remove five patients by compulsory powers. The following summary of these cases gives some idea of the problems involved :—

Case 1. This elderly woman, aged 83, blind and deaf, had lived alone for several years. She received indifferent help from members of her family, none of whom was willing to offer her accommodation. She persistently refused to enter a Welfare Home. Owing to the deterioration in her general condition, it became necessary to remove her.

Case 2. A woman, aged 71, had as sub-tenants her married grandson, wife and child, who gave her as much help as they could. She was a woman of filthy habits, aggressive and unco-operative. She became bedridden and incontinent and, in spite of all efforts to look after her at home, it became necessary to remove her to hospital.

Case 3. This woman, aged 71, had lived alone for several years and when referred to this Department was found to be living in conditions of extreme squalor. She was filthy, grossly anaemic and under-nourished but refused hospital treatment and, in view of the urgency of the situation, application was made for her removal under the National Assistance (Amendment) Act, 1951.

Case 4. This woman, aged 53, had been admitted to a Welfare Home six months previously, having been found by the Police wandering during the night. She had at one time been employed in domestic service and had recently walked out of hospital after refusing to accept treatment for a serious complaint. This condition deteriorated to such an extent that it became impossible for adequate treatment to be given in the Welfare Home and, as she refused to enter hospital voluntarily, it became necessary for her to be removed under compulsory powers. This patient subsequently died in hospital.

Case 5. The attention of the Department was drawn to the case of this woman, aged 70, who lived alone in a large house which had become very neglected over the years. She was found to be very ill and in a dirty condition, lying on a couch covered with old coats. She refused all offers of help and also refused to enter hospital. In view of the

urgency of the situation, application was made for her removal under the National Assistance (Amendment) Act, 1951.

	1957	1956	1955	1954
Cases investigated	30	34	37	88
Cases removed under National Assistance Act, Section 47	1	—	—	1
Cases removed under National Assistance (Amendment) Act	4	—	—	5
Other arrangements	7	6	7	18
No action	14	17	14	30
Admitted to hospital voluntarily	3	8	11	24
Certified under Lunacy Acts ...	1	3	5	10

INCIDENCE OF BLINDNESS

Definition of Blindness

For the purpose of registration as a blind person under the National Assistance Act, 1948, a blind person is "so blind as to be unable to perform any work for which eyesight is essential." The test is not whether the person is unable to pursue his ordinary occupation or any particular occupation but whether he is too blind to perform any work for which eyesight is essential.

Statistics

The progressive rise in the number of registered blind persons in recent years is illustrated by the following figures.

Year end	Total Registered Blind	Increase over previous year	Blind Children	Blind Men	Blind Women	Blind over 65 yrs.
1950	1,415	—9	56	677	682	*645
1951	1,455	40	50	675	730	*701
1952	1,469	14	54	674	741	710
1953	1,501	32	63	672	766	735
1954	1,580	79	62	687	831	805
1955	1,658	78	60	707	891	874
1956	1,730	72	61	720	949	953
1957	1,721	—9	61	706	954	965

*At 31st March, 1951 and 1952.

At the beginning of 1957 there were in Birmingham 1,730 registered blind persons—720 men, 949 women, and 61 children.

Additions to Blind Register :

	During 1954	During 1955	During 1956	During 1957
Certified blind	195	257	232	169
Immigrants to B'ham	21	13	20	18

Deletions from the Register :

Through death...	113	163	150	162
Left Birmingham	20	28	27	30
Sight improved...	4	1	3	4

Aggregate increase in Blind Persons :

79 78 72 -9

While in 1957 the numbers of deletions from the Register for various reasons remained similar to those in the previous two years, there was a substantial fall in the number of those newly certified as blind. This is partly due to the fact that during the previous two years the list of those awaiting examination for certification was progressively reduced and now is negligible, year by year reductions of approximately 39, 61, and 18 in 1957 having been achieved. Reducing the waiting list in this way caused an inflation of the certifications during the period in which it was occurring.

Sources of referral for examination were as follows :—

National Assistance Board—the majority.

Hospitals,

Personal application,

General practitioners,

The Transport Dept.—noted in connection with applications for free travel.

During 1957 the numbers of blind changed from :—

720 men	949 women and	61 children	...	...	Total	1,730 to
706	..	954 ..	..	61 ..	...	.. 1,721

The numbers of blind women exceeds that of blind men by 35·1 per cent. and this disproportion has been steadily increasing in the past few years. As most of the cases of blindness occur in elderly people it is to be noted that, at the 1951 census the number of Birmingham women aged 65 and over exceeded men by 19 per cent. and women aged 70 and over by 39 per cent.

The number of blind children remains relatively static. There were no cases of retrolental fibroplasia causing blindness in 1957.

Forms B.D.8 received in the Health Department and relating to newly certified blind persons and to those blind already who moved into Birmingham, fell into the following categories :—

Primary senile cataract	...	49	Local infection	...	...	5
Cataract congenital	...	2	Trauma	...	...	2
Glaucoma	...	22	Diabetes	...	...	12
Other congenital and			Syphilis acquired	...	...	1
hereditary defects	...	11	Syphilis congenital	...	...	2
Myopia	...	7	Ophthalmia neonatorum	...	...	1
			* Other causes	...	...	59

(* These include senility, hypertension, cause unknown, arteriosclerosis, cerebral tumour, chorodio-vascular degeneration and optic atrophy).

The following arrangements for the care, education and employment of the blind were in operation at the beginning and end of the year.

<i>1st January,</i> 1957					<i>31st December, 1957</i>			
					<i>Men</i>	<i>Women</i>	<i>Children</i>	<i>Total</i>
8	Babies at home	...	...	...	—	—	6	6
1	Baby in Regional Board Hospital	...	...	...	—	—	—	—
2	Children school age in Sunshine Homes	...	...	...	—	—	—	—
—	Baby in Sunshine Home	...	...	...	—	—	1	1
—	Children in Sunshine homes	...	...	...	—	—	1	1
30	Children at school—resident	...	...	...	—	—	29	29
5	Children at school—day	...	...	...	—	—	4	4
11	Children of school age at home	...	...	...	—	—	10	10
4	Children of school age in Regional Board Hospitals	...	...	...	—	—	10	10
5	Adults in training—resident	...	...	...	—	4	—	4
9	Adults in training—day	...	...	...	2	1	—	3
1	Undergoing rehabilitation	...	...	...	1	—	—	1
2	Awaiting training for open employment	...	...	...	—	—	—	—
—	Undergoing training for open employment	...	...	...	1	—	—	1
1	Trained for open employment but unemployed	...	...	...	—	—	—	—
129	Workers in open employment	...	...	...	99	15	—	114
188	Workshop workers	...	...	...	129	48	—	177
3	Adults employed in occupation centres	...	...	...	1	—	—	1
20	Other blind employees	...	...	...	11	8	—	19
31	Home workers	...	...	...	16	14	—	30
1113	Unemployables in own homes	...	...	...	397	732	—	1129
102	Unemployables in Regional Board Hospitals	...	...	...	32	76	—	108
40	Unemployables in Welfare Department homes	...	...	...	17	32	—	49
25	Unemployables in Cowley Home	...	...	...	—	24	—	24
1,730					706	954	61	1,721

Register of Partially Sighted Persons

DEFINITION OF PARTIAL SIGHT

There is no statutory definition in the National Assistance Act, 1948, but the Ministry of Health has advised that a person who is not blind within the meaning of the Act but is nevertheless substantially and permanently handicapped by congenitally defective vision or in whose case illness or injury has caused defective vision of a substantial and permanently handicapping character be regarded as partially sighted.

At the beginning of 1957 the register contained the names of :—

218 persons—80 men, 131 women and 7 children

and at the end of the year

194 persons—59 men, 124 women and 11 children

Forms B.D.8 received in the Health Department and relating to newly certified partially sighted persons or those registered already and who were coming to reside in Birmingham fell into the following categories of causes :—

Primary senile cataract	11	Local infection	...	...	1		
Cataract congenital	...	1	Trauma	...	...	1	
Other congenital and hereditary defects	...	8	Diabetes	...	...	2	
Myopia	...	...	6	Other causes	...	...	32
(These included senility, cause unknown, hypertension, cerebral haemorrhage, and constitutional).							

Blind and Partially Sighted

Forms B.D.8 have been received for patients in the following age groups.

Year of receipt o B.D.8	under 5	5—9	10—14	15—24	25—34	35—44	45—54	55—64	65—69	70—74	75—84	85—94	95 plus	Total
1953	6	5	1	3	5	10	10	22	26	30	55	24	1	198
1954	5	1	2	8	15	7	14	31	21	31	82	38	—	255
1955	7	3	—	1	10	8	22	38	33	44	111	47	1	325
1956	2	—	—	9	7	9	14	35	16	51	120	47	1	311
1957	3	10	—	1	4	5	22	26	21	24	86	32	1	235

Persons over 65 years of age accounted for 70% of the cases in 1957 and 75.5%, 72.6%, 67.5%, and 58.6% in previous years.

The causes of loss of vision and the treatment for the cases registered in Birmingham in 1957 were :—

	Cause of Disability			
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
(i) Number of cases registered during the year in respect of which Section " F " of the form B.D.8 recommends :				
(a) No treatment	20	8	—	86
(b) Treatment (Medical, Surgical or Optical)	43	14	—	64
(ii) Number of cases at (i) (b) above which on follow-up action at the year end had received treatment	15	12	—	39

The 22 glaucoma patients prior to registration as blind had received treatment as follows :—

<i>Failed right and left eye</i>	<i>Failed right eye</i>	<i>Treatment incomplete right eye failed left</i>	<i>Treatment incomplete left eye failed right</i>	<i>Failed Treatment</i>	<i>No Treatment</i>	<i>Not known</i>
3	1	3	1	4	9	1

At the examination for registration it was recommended that 14 glaucoma patients should receive treatment and, before the year end, 12 of them had in fact received it.

Ophthalmia Neonatorum

(i)	Total number of cases notified during the year	...	...	585
(ii)	Number of cases in which :			
	(a) Vision lost	...	...	Nil
	(b) Vision impaired	...	...	Nil
	(c) Treatment continuing at end of year	...	...	22
	(d) Left City	...	...	19
	(e) Lost trace	...	...	5

The Deaf-Blind

The deaf-blind in Birmingham constitute a social problem in themselves. At the year end there were 130 residing as follows :—

	<i>Men</i>	<i>Women</i>	<i>Total</i>
In own home ...	35	56	91
In home or institution	3	37	39
	38	93	130

The 91 living in their own homes can be divided into the following categories :—

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Unemployable ...	25	52	77
Employed in the Work-shops for the Blind	7	3	10
Employed in open employment	3	1	4
			91

All the unemployable deaf-blind are visited by the Home Teacher for the district in which they live and in addition by the specialist Home Teacher appointed to give the special welfare service these people need, i.e.,

1. Instruction in the Manual Alphabet, Braille and Moon reading and pastime handicrafts.

2. Application and examination for, and supply of, hearing aids, also replacements and repairs when necessary.
3. Escort to hospital, etc.
4. Very frequent visits in cases of sickness, etc.

This service is also available to those at work, and those in homes and institutions.

A weekly Social Centre is held in the daytime with an average attendance of 25 and transport is provided by the Welfare Department. Many who attend are just content to chat with one another but some play dominoes, draughts and cards. Those who wish attend the centres for the hearing blind for instruction in pastime handicrafts.

With the co-operation of the Birmingham Royal Institution for the Blind, who give assistance from voluntary funds, holidays at homes for the deaf-blind at Hoylake and Burnham-on-Sea are arranged as well as a summer outing to the country and a party at Christmas.

The Welfare Department maintains a small residential home at "Fairfield," 20, Dudley Park Road, Acocks Green, where there is accommodation for twelve deaf-blind women. Special facilities have been provided in the Home, in particular a scented garden with Braille name plates to identify the plants. A guide rail is provided around the garden and a telesonic radio free from trailing wires is provided in the lounge. Local Red Cross Cadets have interested themselves in the residents, who have the opportunity to attend the weekly Social Centre and a monthly Club for the Deaf-Blind. A handicraft class is held at the Home by the Home Teacher who specialises in services for the deaf-blind.

CEREBRAL PALSY

The following statement relating to Birmingham patients at the end of 1957 is the result of the excellent work of the Midland Spastic Association which collaborates closely with the City Welfare Department and the School Health Service.

Provisions made for 642 spastics :—

Children under 5 years

Attending normal nursery schools	...	...	...	...	3
Attending the cerebral palsy nursery unit at Carlson House					
School for Spastics	...	...	...	...	6
Attending the Midland Spastic Association play centre				...	2
In hospital	...	...	...	...	2
At home—outpatient treatment		...	...	...	28
At home—no treatment	...	...	...	...	23
					<hr/>
Total known cerebral palsy patients under 5 years	...	...			64
					<hr/>
Estimated population under 5 years	...	...	...	...	87,000

Children aged 5 to 15 years

Attending day school									
Cerebral Palsy School, Carlson House,	...	...	...	...	...	...	...	...	25
Schools for physically handicapped	...	...	...	...	...	...	...	...	64
Other special schools (Deaf 8, E.S.N. 6, Open Air 2)	...	...	...	...	...	...	...	...	16
Schools primarily for normal children	...	...	...	...	...	...	...	...	89
Home tuition and training	...	...	...	...	...	...	...	...	11
Occupation centre	...	...	...	...	...	...	...	...	17
Attending Midland Spastic Association play centre	...	...	...	...	...	...	...	...	3
Attending residential schools									
Cerebral Palsy School, Carlson House	...	...	...	...	...	...	...	...	1
Schools for the physically handicapped	...	...	...	...	...	...	...	...	2
Other special school (Hospital school)	...	...	...	...	...	...	...	...	1
In institutions for mentally defective	...	...	...	...	...	...	...	...	18
Remaining at home—ineducable	...	...	...	...	...	...	...	...	31
Remaining at home—educable—awaiting placement	...	...	...	...	...	...	...	...	2
									<hr/>
Total known cerebral palsy patients 5—15 years	...	...	...	...	...	...	...	...	280
									<hr/>
Estimated population	...	...	...	...	...	...	...	...	181,000

Persons over 15 years

Still at school or receiving home tuition	...	...	...	...	...	...	...	...	20
Normal work	...	...	...	...	...	...	...	...	91
Sheltered work	...	...	...	...	...	...	...	...	7
Outwork, part-time work, housewives,	...	...	...	...	...	...	...	...	20
Attending occupation centre	...	...	...	...	...	...	...	...	15
Midland Spastic Association craft-classes	...	...	...	...	...	...	...	...	12
Other craftwork tuition	...	...	...	...	...	...	...	...	5
Institution for mentally defectives	...	...	...	...	...	...	...	...	32
In cripples' or spastics' homes	...	...	...	...	...	...	...	...	7
In hospitals	...	...	...	...	...	...	...	...	3
At home :									
Capable of sheltered work	...	...	...	...	...	...	...	...	4
Capable of crafts only	...	...	...	...	...	...	...	...	30
Totally incapable	...	...	...	...	...	...	...	...	43
									<hr/>
Total known cerebral palsy patients over 15 years	...	...	...	...	...	...	...	...	289
									<hr/>
Not yet investigated	...	...	...	...	...	...	...	...	9
Total cerebral palsy patients of all ages in Birmingham	...	...	...	...	...	...	...	...	642

The Welfare Committee of the City Council maintained four spastics in special homes, assisted three spastics with the cost of holidays or adaptations in their own homes to minimise their disabilities and six spastics had on loan television sets. The Committee has a handicraft scheme and in this thirteen of the participants were spastics. In addition ninety-four of the handicapped persons taking part in the activities of the Birmingham Fellowship of the Handicapped were spastics. This very active and flourishing voluntary organisation provides home visitors, outings, clubs, library facilities, etc.

EPILEPSY

The Welfare Committee of the City Council gave direct assistance to epileptics in the following ways during 1957 :—

Epileptics maintained in colonies	...	...	...	...	...	19
Participated in the handicraft scheme	...	...	...	...	...	9
Outwork arranged by the Welfare Dept.	...	...	...	...	...	1
Having a television set on loan	...	...	...	...	...	2

There were eighteen epileptics who participated in the activities of the Birmingham Fellowship of the Handicapped.

In addition, at the end of the year, twenty-two children of school age were being maintained at residential establishments on account of of epilepsy.

MEDICAL CARE OF DEPRIVED CHILDREN

CHILDREN ACT, 1948

The total number of children in the care of local authorities in England and Wales on 31st March, 1957 was 62,033 as compared with 62,347 on 31st March, 1956. In Birmingham the comparable figures were 1,296 on 31st March, 1957, and 1,320 on 31st March, 1956.

The number of Birmingham children boarded out under the terms of the Boarding Out Regulations was 402 on 31st March, 1957 as compared with 439 on 31st March, 1956.

In the period 1st April, 1956, to 31st March, 1957, 704 children were taken into care and 728 were discharged from care, 565 of these returning to the care of their parents, guardians, relatives or friends, and 23 fit persons orders were revoked.

The number of committed children licensed to parents or relatives for the same period was 53 as compared with 63 on 31st March, 1956.

The Home Office return for England and Wales for the twelve months ending 31st March, 1957, states that 62 per cent. of the children taken into care were admitted because of the illness (including temporary illness) of parent or guardian. In Birmingham the figure was 60 per cent.

The number of children admitted during the year under review because of illness of the parent or guardian increased substantially compared with last year's figures (303 as against 189). The number of admissions because of confinement of the mother rose from 74 last year to 121 this year.

Home Office figures show that children admitted during the year ended 31st March, 1957, who had been abandoned, lost or deserted by the mother made up 9 per cent. of the total number of deprived children. In Birmingham the comparable figure was 17 per cent. but if other categories of social failure were added, the proportion would be 37 per cent. as compared with a national figure of 35 per cent.

Three per cent. of children were taken into care because of the death of one or both parents.

The number of applications made to the Children's Department for the admission of children into care involved 2,105 children but only 31 per cent. of these applications were accepted. Good child care must extend beyond consideration of a child's immediate needs to embrace those of his family. By giving supervision, help and encouragement, a family situation may be repaired instead of broken up and thus the separation of a child from his own family circle is avoided.

Details of illness and infections are given in the reports on individual homes.

Unfortunately, owing to the heavy demand for urgent admissions to care, the nurseries and Cottage Homes were subject to serious overcrowding from time to time but particularly between June, 1956, and June, 1957. From June onwards the overcrowding lessened and by the end of the year there were actually empty beds in the nurseries.

The Home Office recommended increased floor space for children in family rooms, which seemed reasonable, but to achieve this standard the Children's Committee would have to provide an additional nursery of 25 beds. Whatever accommodation may be available, there is likely to be intermittent overcrowding as there is an obligation to admit children in cases of proved need. The hazards of intermittent overcrowding can be very considerably diminished provided there is a competent staff well trained in the principles of good hygiene, and a matron in charge who maintains a sufficiently high standard of work in the nursery. The greatest danger arises when there is overcrowding and, at the same time, insufficient staff. The staff situation in Birmingham residential nurseries is good and compares favourably with that throughout the country. To safeguard the position, a good standard of staffing must be maintained and there must be adequate medical supervision.

Dr. Kellmer Pringle of the Remedial Education Centre at the University of Birmingham discovered from her research into the abilities of deprived children that :

- (a) on the average they were less intelligent than children in their own homes : 70 per cent. of them had intelligence quotients between 70 and 100 compared with 48 per cent. of the child population as a whole ;
- (b) more of them were backward in speech, in reading and in emotional development than average children were ;
- (c) more of them were maladjusted ;
- (d) many of them were compensated for in their backwardness in other ways by being more socially developed than the average child.

She does not attribute this backwardness just to being deprived of parents but it is likely to be due to effects of both environmental and constitutional factors. The great majority of deprived children come from homes where educational and cultural standards are low. During the pre-school years they are not provided with the stimulation and experience necessary for the full development of intellectual potentialities.

Dr. Pringle states that much can and should be done to help them, e.g.

- (a) adults must talk to children, discuss with them and read to them ;

- (b) good leisure time equipment should be provided and the staff must know how best to encourage the children to use that equipment so that they gain new experience and satisfy their developing emotional needs ;
- (c) children gain much from their widening experience of the world outside the place where they are living and they should be given every opportunity of "helping" in the kitchens of the nurseries and homes, experiencing 'bus journeys, train journeys and excursions to the country and seaside. Children who are retarded in their reading can be helped within the limits of their intelligence.

Children in the care of the Birmingham Children's Committee are given the opportunity to experience all these every day occurrences. Children in the Cottage Homes are given remedial reading lessons by experienced staff in the evenings provided their reading attainments are not less than one year retarded.

Children learn speech by imitation and it follows that when parents or guardians talk little to them and never read to them they are late in learning to talk. Two little children were admitted to a residential nursery this year, no history being known at the time of admission. They clung together emitting sounds which each seemed to understand but no one else did, and it was found later that the parents were dumb. They quickly developed in the nursery and are now quite normal children.

Residential Nurseries

Field House (capacity 40)

This nursery has experienced a series of what were probably viral infections which may or may not have been related. Between November, 1956 and May, 1957, five nurses developed jaundice and the last case was admitted to hospital on the 11th May, 1957, and only returned to duty on the 1st July, 1957. On return she worked in a family group in which the first two cases of what seemed to be a virus infection occurred. Seventeen children were affected and the main symptoms were vomiting, rise of temperature and drowsiness, and the duration was usually about 3—4 days. Four nurses, one of whom had had recent jaundice, were admitted to hospital with meningeal symptoms. Fortunately the infection was of short duration and all patients made an uneventful recovery. There were poliomyelitis cases in the neighbourhood of this nursery at the time but no poliomyelitis virus could be isolated from these patients.

Two children who were transferred from this nursery to a children's home in the City prior to the recognition of the epidemic, developed similar symptoms, sickness and drowsiness; one on the day of transfer, and thought to be car sickness, and one three days after transfer. Six more children and three members of staff in this second home developed similar symptoms.

In September ten children began to have loose stools and from each of three specimens sent to the laboratory food poisoning organisms (*Salmonella enteritidis* var. jena) were isolated. The infection was quickly over. Towards the end of September and in October children and staff developed an influenzal type of illness. Two children had a mild attack of whooping cough.

Eight children were admitted to hospital during the year for the following conditions :— food poisoning (3), abscess of scalp (1), observation ? mental subnormality (1), correction of squint (1), pneumonia (1), injured finger (1).

Flint Green (capacity 25)

During the year four of the nursery staff and one child developed jaundice.

Most of the staff and the children had an influenzal type of illness during October and November.

There was a measles epidemic in the nursery brought in by two children attending school. Altogether all but three children were affected.

Four children and one nurse developed mumps.

One child was admitted to hospital for tonsillectomy.

One child, a half caste, was found dead in his cot. A postmortem revealed the cause of death to be from natural causes, acute bronchiolitis, and no inquest was held.

Hawthorne House (capacity 40)

Several of the babies developed upper respiratory infections during March and April and the overcrowding at this time probably accelerated the spread. One of the babies was admitted to hospital as the illness was prolonged and it was found she had developed a lung abscess. After drainage of the abscess she made an uneventful recovery.

Two children attending school contracted measles but, in spite of transferring them to hospital in an attempt to avert an epidemic, all the children except the babies developed the infection. One of the children, during convalescence from measles, suddenly developed fits and was transferred to hospital. Although the child was critically ill—the diagnosis of encephalitis having been made—he eventually made an apparently complete recovery.

One baby developed whooping cough within a few days of admission. He was transferred to hospital in an attempt to avoid further cases. Unfortunately, four more babies developed the infection but only one of these was transferred to hospital.

Fourteen children and one member of staff had mild attacks of mumps and all the children except the babies developed chickenpox.

This nursery also shared in the influenzal type of illness, affecting 13 children and 12 members of staff.

Two children were admitted to hospital for the removal of tonsils and adenoids.

Oaklands (capacity 40)

Eight children developed German measles and 13 children were transferred to hospital with whooping cough. In addition, children were admitted to hospital for the following reasons:—tonsillectomy (2), correction of squint (1), observation re feeding difficulties and a congenital heart abnormality (1), observation and check up—glandular deficiency (1), removal of nail (whitlow) (1).

One child had a period of convalescence in Devon following tonsillectomy.

Pype Hayes (capacity 35)

One child developed German measles but there was no further spread. Six developed mumps in the early part of the year and in December an assistant housemother developed the disease and this was followed by seven children and two nursing staff having the infection.

Fifteen children developed measles, some having quite severe attacks.

Several children had tonsillitis and heavy colds. In October, 26 children and 12 members of the nursing staff developed an influenzal type of illness which was prevalent throughout the City as well as in the Children's Homes.

Two children, who had been transferred from Field House Nursery to Pype Hayes prior to the onset of the virus infection there, later developed similar symptoms at Pype Hayes and eight children altogether were affected.

Two children fell in the nursery, each sustaining a fractured leg. They attended hospital, where their legs were put in plaster, and both made an uneventful recovery.

One child was admitted to hospital, where a diagnosis of bronchitis was made.

Two children had a period of convalescence in Devon.

Wychbury (capacity 22)

Two children developed measles and were transferred to an infectious diseases hospital. There were no further cases.

All the children and all members of staff but two shared in the general influenzal type of infection which affected the nursery during October.

Children were admitted to hospital for the following reasons :— measles (2), observation re convulsions (1), mastoid operation (1), tonsillectomy (1), anaemia—routine swab revealed food poisoning organisms, but this was a single incident (1), swollen left knee (1).

Children's Homes

Erdington Cottage Homes (capacity 230)

The health of the children was very good on the whole and, in spite of the large number of measles notifications in the City, only 12 cases were reported in the Homes. Seven of these were transferred to hospital.

The influenza epidemic reached a crisis during September and October, when 109 children and many members of staff were affected.

Children were admitted to hospital for the following reasons :— pneumonia (3), tonsillectomy (5), pelvic abscess (1), appendicectomy (1), enuresis (1), hernia operation (1), pleural effusion (1), correction of squint (1), corrective treatment to feet (1), muscular dystrophy (1).

One boy, whilst on holiday, was admitted to hospital for appendicectomy. Fourteen children were treated at hospital for cuts, sprains, dislocations and fractures, and one for a burn caused by a firework.

Shenley Fields (capacity 150)

The health of the children has been very good : the only infectious diseases recorded were five cases of measles, one of chickenpox, one of German measles, two of scarlet fever and one case of mumps.

The influenza epidemic struck these Homes in October with 57 cases among the children and in November with 15 cases. Many of the staff were affected at the same time.

Children were admitted to hospital for the following reasons :— tonsillectomy (3), appendicectomy (1), observation re appendicitis (1), observation and blood test (1), breast abscess (1), discharging ears (1), pneumonia (1), scarlet fever (1), asthma (1), dental extractions (1), eczema (1), broken arm (1), correction of bowed legs (1), abnormal behaviour (1).

One child, whilst on holiday, was admitted to hospital, having swallowed a florin.

Nine children attended hospital following accidents.

Pebble Mill (capacity 18)

The health of the children has been very good. Eighteen succumbed to the influenzal type of illness during a week in September but the staff were not affected.

One child was admitted to hospital for a minor operation.

Two children attended hospital, one with a cut head and one for corrective treatment to the feet.

Milton Grange (capacity 14)

The health of the children has been good. One child and one member of staff developed mumps. One adolescent boy, when x-rayed at school, was found to have a primary tuberculous lesion.

Family Homes (twelve of capacity 8 children each)

The health of the children on the whole has been good, only two cases of measles, three of asthma, two of mumps, and four of tonsillitis being recorded.

All except one of the family homes shared in the influenza epidemic.

Children were admitted to hospital for the following reasons:—enuresis (1), appendicectomy (1), minor operation (1), tonsillectomy (1), cut lip (1), septic finger (1), discharging ear (1).

Three children had periods of convalescence in Devon.

Copeley Hill Hostel (capacity 50)

The health of the boys has been good.

One boy attended hospital for the removal of a foreign body from the eye and three boys attended hospital for minor foot deformities. One boy attends hospital regularly for chronic ear discharge.

Remand Homes

Forhill—Senior Boys (capacity 45)

The health of the boys has been very good.

During September, five boys had an influenzal type of illness and in October 16 boys developed influenza. Blood and throat swab examinations from two of the boys revealed virus A type of influenza. In November and December eight boys had upper respiratory infections.

Moseley Road—Junior Boys (capacity 30)

The health of the boys has been good.

Only two boys admitted with septic sores required treatment and five boys had heavy colds.

The Limes—Girls (capacity 19)

The health of the girls has been very good indeed.

Two girls were admitted to hospital. Ten girls developed an influenzal type of illness in December.

Shawbury Approved School (capacity 75)

The health of the boys has been good on the whole. There were two epidemics of mild respiratory infections—one in May affecting 18 boys and one in December affecting 23 boys. There have been six boys with tonsillitis, one with jaundice and one with shingles.

Boys were admitted to hospital for the following reasons :— appendicitis (3), repair of hernia (1), recurring epistaxis and heart lesion (1), fractured forearm and jawbone and cut chin from a fall from the roof. Soon after return from hospital, this boy was involved in a fight with another boy and he refractured his wrist, which had to be reset in hospital (1).

One boy, who accidentally put his arm through a window, had fifteen stitches inserted in hospital, but returned the same day.

The general practitioner visits weekly and when necessary, and a dentist visits regularly.

Boarded Out Children

The health of these children has been good on the whole.

Children were admitted to hospital for the following reasons :— observation for primary tuberculosis (2), following recovery one boy was admitted to a residential school as his mother had been admitted to hospital, x-ray examination and antrum wash out (1), circumcision (1), observation and circumcision (1), anaemia and observation re mental subnormality (1), for deep x-rays for inoperable brain tumour (1), septic arthritis of knee and osteomyelitis (1).

One adolescent girl was admitted to hospital with an inevitable abortion and one to a mental hospital as a voluntary patient.

Ten children had periods of convalescence, nine in Devon and one at Malvern.

Medical Examination of Children placed for Adoption

Adoption is, in many ways, the most satisfactory method of providing a substitute home for a child.

The Children's Department dealt with 365 applications for adoption during the year and of these 302 were direct placings and 63 were placings by the Children's Department. Two hundred and eighty-five adoption orders were granted by the Courts.

When an unmarried girl offers her baby for adoption, she is interviewed and the real meaning of adoption is explained to her—that when she consents to adoption, her baby will be taken from her and placed with prospective adopting parents with a view to terminating irrevocably the relationship between her and her baby. She can give her consent to the adoption after the baby is six weeks old, and can claim her baby back up to the time the adoption order is granted.

At the adoption clinic the baby has a preliminary medical examination to exclude any gross disease ; 66 such examinations were carried out and only one was considered unfit.

All children are now screened for deafness. Three foster children available for adoption were referred from other authorities for Gesell tests—two from Worcester and one from Wolverhampton; two were found to be of normal intelligence and one subnormal.

In Birmingham, where adoptions are arranged by the Children's Department, the prospective adopting parents must also have satisfactory medical certificates and mass radiographs, and if they have any children of their own, they too must be medically fit and have satisfactory x-rays. The baby is taken to the prospective adopting parents and, if they agree to have the baby, the baby is placed with them a few days later for a three months' probationary period. During this time a detailed medical examination of the baby is arranged and the result of the examination is discussed with the prospective adopting parents.

The detailed medical examinations are made available on request not only for children placed for adoption by the Children's Department but also for adoption societies or for private and third party placings. One hundred and twenty such examinations were carried out during 1957 and 88 children were found to be healthy, 26 children had minor defects which were no contra-indication to adoption, and 6 children had major defects and adoption was not advised.

Sometimes certain defects are found which are discussed with the prospective adopting parents and the medical officer may advise temporary postponement of adoption. Periodic examinations are arranged and the question of adoption is reviewed from time to time. Eleven children have been so examined and ten of these have now been adopted; one child is still under consideration because of slow development.

A. TOTAL EXAMINATIONS	...	...	...	...	...	...	197
(1) Preliminary examinations	...	...	...	...	...	...	66
Fit for placing (8 with minor defects)	...	...	...	...	...	...	65
Medically unfit							
(sub-normal mentality—2 years, 10 months)							1
(2) Final examinations	...	...	...	...	...	...	120
Children's Department placings	...	...	...	...	...	...	52
Adoption societies	...	...	...	...	...	...	43
Private and third party placings	...	...	...	...	...	...	16
In residential care	...	...	...	...	...	...	6
Still with natural mother	...	...	...	...	...	...	3
(Healthy	...	...	...	...	...	...	88)
(Minor defects	...	...	...	...	...	...	26)
(Major defects	...	...	...	...	...	...	6)
(3) Review examinations	...	...	...	...	...	...	11

B. DEFECTS FOUND AT FINAL EXAMINATION

6 medically unfit (major defects)

Not adopted	{	(1)	Sub-normal mentality (3 years, 3 months)—mother certified— with foster parents.				
		(2)	Sub-normal mentality (13 months)—mother mentally defec- tive—in residential care.				
		(3)	? sub-normal mentality (7 months)—mother educationally sub-normal—with foster parents.				
		(4)	Sub-normal mentality (1 year, 5 months)—mother 14 years (incest)—placed by another authority—still being fostered.				
		(5)	Severe scoliosis (5 months)—under treatment at Children's Hospital—at first placed with a view to adoption—now in residential care.				
		(6)	Emphysema following tuberculous meningitis and whooping cough (8½ years)—not yet adopted by aunt and uncle—under supervision at Chest Clinic.				

26 minor defects (no contra-indication to adoption)

(i) <i>Respiratory and upper respiratory</i>								
	Bronchitis	6	} 8
	Healed primary tuberculosis			...	...	...	2
(ii) <i>Genito-urinary</i>								
	Phimosis	4	} 5
	Undescended testicle			...	...	...	1
(iii) <i>Miscellaneous</i>								
	Enlarged thymus	3	} 13
	Eczema	...	...	...	...	...	2
	Strabismus	...	...	...	...	...	2
	Torticollis	...	...	...	...	...	2
	Naevus...	...	...	...	...	...	2
	Sebaceous cyst (forehead)	...	...	...	...	...	1
	Conjunctivitis	...	...	...	...	...	1

C. REVIEWS OF CHILDREN ORIGINALLY EXAMINED 1952—1956

- (1) 5 children finally adopted where longer probationary period advised in view of age of child.
- (2) 5 adopted children reviewed on account of defects found at time of final examination prior to adoption.
- (3) 1 backward child who was still unfit for adoption.

Results of medical examination

				<i>Condition improved</i>	<i>Condition stationary</i>
Satisfactory psychological achievement with child over one year at placing...	...	5	—	—	—
General debility ...	...	—	1	—	—
Slow development	...	—	—	1	—
Enlarged thymus	...	4	—	—	—

INSPECTION AND REGISTRATION OF NURSING HOMES AND NURSES AGENCIES

Nursing Homes (Public Health Act, 1936)

At the end of 1957 there were 16 nursing homes on the Register. Three homes closed during the year, two for maternity cases with 4 and 16 beds respectively, and one home of 23 beds which admitted medical and surgical cases. One home for 6 chronic medical cases was opened during the year, and another for 19 similar cases was opened, but closed down a few months later. One home for chronic medical cases increased its accommodation from 22 to 42 beds, and another home admitting the same type of case reduced its accommodation from 16 to 15 beds.

The total number of visits paid to nursing homes during the year was 57 (50 by medical officers and 7 by supervisors of midwives).

FACILITIES AT END OF 1957

Total beds in homes	...	...	...	...	...	237
Homes which are equipped for surgical work	...				...	1
Homes which take chronic or senile cases only	...				...	14
Homes which take maternity cases only	...	...			...	1
Homes which keep some beds for maternity work	...				...	1 (with 1 bed)

Nurses Agencies (Nurses Agencies Act, 1957)

In accordance with the Nurses Agencies Act, 1957, applications were received from two Agencies, and renewals of licences were granted in both cases.

The total number of visits of inspection paid during the year was five.

STAFF WELFARE AND FIRST AID, MEDICAL EXAMINATIONS AND CREMATION CERTIFICATES

First Aid and Staff Welfare

The main commitments of the Medical Officer for Staff Welfare are his duties as Medical Referee to the two Municipal Crematoria, medical examination of some of the entrants to the Corporation Service, giving medical attention to Corporation employees presenting themselves at the two surgeries, and the checking of welfare and first aid facilities in all Corporation establishments.

The First Aid and Staff Welfare Service has continued its work on much the same lines as in previous years, lack of suitable accommodation being the main factor in preventing extension of facilities.

The amount of time that has had to be spent on cremation duties has necessitated a slight reduction in the personal service given to patients attending the surgeries and this is reflected in the figures ; there being 5,432 attendances at the surgeries in 1957 compared with 5,672 the previous year, when there were fewer cremations to be authorised. Throughout 1957 the average number of patients, as distinct from attendances, to whom it was possible to give advice and/or treatment, per week, was 63 compared with 65 in 1956.

The Medical Officer for Staff Welfare visited several departments in connection with their first aid and staff welfare arrangements. Many improvements were effected with the help and co-operation of the departments concerned.

Medical Examination of Entrants to the Corporation Service

MEDICAL EXAMINATIONS

<i>Year</i>	<i>Non-Manual Employees</i>	<i>Manual Employees</i>	<i>*Examinations on behalf of other authorities</i>
1953	1,012	775	42
1954	988	1,259	35
1955	1,106	836	29
1956	905	894	25
1957	843	880	25

* Excluding those examinations carried out by the Education Department on behalf of other local authorities—*e.g.*, teachers.

All new entrants to the non-manual staff of the Corporation are examined by the Medical Officer for Staff Welfare, with the exception of the Education Department which employs its own medical staff for this purpose. In addition he examines a small proportion of the manual employees in connection with the Corporation's Sickness and Accident Allowance Scheme but pressure of other work necessitates the majority being seen by arrangement with a panel of outside doctors. Candidates are sometimes found on examination to be in need of treatment and this can be arranged through their private doctors, thus enabling the Medical Officer for Staff Welfare to recommend admission to the permanent staff at a later date.

Cremations

NUMBER OF CREMATIONS AUTHORISED

<i>Year</i>	<i>Lodge Hill</i>	<i>Yardley</i>	<i>Total</i>
1953	2,151	1,252	3,403
1954	2,524	1,503	4,027
1955	2,926	1,657	4,583
1956	3,040	1,721	4,761
1957	3,270	1,854	5,124

As will be seen from the figures the number of cremations is increasing yearly and the work as Cremation Referee is particularly heavy in the winter months when there are sometimes forty or more a day. There are five deputy medical referees but their services are only utilised when the Medical Referee himself is absent from duty.

FOOD AND DRUGS

The supervision of the purity and the quality of Food and Drugs in the area of an authority inhabited by more than one million people means, of necessity, some specialisation if the widely varying nature of the work required is to be adequately performed.

The sampling of Food and Drugs for chemical analysis is, therefore, vested in a team of five authorised sampling officers—one post being vacant at the end of the year. All samples are submitted to the City Analyst whose analytical findings are reported elsewhere.

As regards the purity of foodstuffs, the number of food premises in the City is so vast that it has been the policy of the Council for many years that dairies, ice cream premises, bakeries and confectioneries and premises at which food is sold for consumption on the premises, are supervised by specialist or general duty inspectors of the Health Department, while retail food shops are controlled by meat and food inspectors of the Food Inspection Department, operating under the Markets and Fairs Committee. Such an arrangement requires the closest liaison between the two departments so that a common standard may be attained and that effective action may be taken should food infection or the risk of such infection occur.

The basic standards for food premises and the proper conduct of any food business are as set out in the Food Hygiene Regulations, 1955, and it is only true to say that, in so far as premises and equipment are concerned, little difficulty has been experienced in obtaining the co-operation of food traders.

The individual food handler, however, has specific and personal responsibilities under these Regulations, and his education by the public health inspector is certainly one of the most important features of an inspectors' daily routine. Experience has shown that perfection of premises and equipment alone is not enough to prevent infection; there must be meticulous care on the part of every individual concerned at all times if the target of safe food is to be reached.

During the year inspectors made a total of 12,305 visits to premises as follows :—

Visits to cafes, hotels, restaurants, eating houses, clubs, school meals canteens, etc.								6,628
Visits to factories								1,275
Visits to bakehouses								398
Visits to licensed premises where food is sold								231
Special visits to licensed premises								721
								<hr/> 9,253
Visits to milk shops								3,052
								<hr/> 12,305 <hr/>

The total figure for visits shows little change compared with a total of 12,495 in 1956. During the year the process of checking food premises against the requirements of the Food Hygiene Regulations, 1955, was completed and a final assessment shows almost total compliance.

The general level of food hygiene was found to be well maintained within the legal standard but in three cases during the year it was found necessary to institute legal proceedings.

The first case which came before the Magistrates concerned a cake confectionery shop and involved three charges for contraventions of the Food Hygiene Regulations, 1955. The offences related to the failure to provide a washhand basin and a supply of hot water, and for not exhibiting a notice calling upon employees to wash their hands after using the toilet. A total fine of £5, plus costs was imposed and the work was subsequently carried out.

The second case involved the failure to provide a washhand basin at a small cafe and was somewhat in the nature of a test case as the defendant contended that an enamel bowl for hand washing was sufficient. The Magistrates supported the view of the Health Committee that the Food Hygiene Regulations, 1955, called for a washhand basin of the builders' merchant variety, complete with drainage therefrom, and imposed a nominal fine of ten shillings on the defendant undertaking to make such provision.

The third case concerned a large transport cafe and involved six charges for contraventions of the Food Hygiene Regulations, 1955. The offences related to the failure to provide a washhand basin, hot water, first aid equipment, clothes storage facilities, lighting of a sanitary convenience and to protect food against risk of contamination. The defendant offered a full undertaking to carry out the work of provision and protection which the Magistrates accepted and adjourned the case, sine die. The work was completed and subsequent re-inspections have shown conditions to be satisfactory.

Eating Houses and Catering Premises

Section 54 of the Birmingham Corporation Act, 1935, requires the registration with the Corporation of all premises substantially or mainly used for the sale of food to members of the public for consumption on the premises. At the end of the year there were 1,169 registered eating houses compared with a figure of 1,158 eating houses at the end of 1956.

Such registered premises include unlicensed restaurants, cafes and snack bars, but exclude civic restaurants, school meals centres, works and office canteens and licensed houses. The Food Hygiene Regulations, 1955, are applicable to all these premises, however, and visits have been made to ensure the observance of the food handling laws and that a good standard of food hygiene is maintained.

Mobile Canteens

There were three new applications and three cancellations received and approved during the year leaving the same total of 40 operators of mobile canteens registered under the provisions of Section 42 of the Birmingham Corporation Act, 1948. Under this section no one, other than a person keeping open shop for the sale of food, shall either by himself or by any person employed by him sell, offer or expose for sale any food from any cart, barrow or other vehicle or from any basket, pail, tray or other receptacle unless he is registered with the Corporation. In addition, if it is necessary to use premises for the storage of food intended for such sale from any cart, barrow, etc., then these premises must also be suitable and registered by the Corporation.

The general standard of food hygiene observed by the operators of mobile canteens was found to be uniformly good and they readily co-operated with inspectors in remedying any deficiencies.

Factory Canteens

The same high standard of hygiene has been observed in the running of factory canteens as has been revealed in previous years and, as catering establishments, they have compared very favourably with many "eating houses." There was a slight reduction in the number of canteens operating, which at the end of the year totalled 802 as compared with a total of 804 at the end of 1956.

Bakehouses

The number of bakehouses in the City remained the same at 129 during the year. Of these one-third were solely engaged in the manufacture of cake confectionery and of the remainder only nine restricted their baking to bread. Inspectors have visited bakehouses approximately every four months during the past year and generally a good standard of hygiene was found to be maintained.

Other Food Premises inspected included :—

Breweries	...	...	...	...	...	...	...	6
Sweet manufacturers	...	...	...	...	...	...	...	8
Biscuit manufacturers	...	...	...	...	...	...	...	2
Mineral water factories	...	...	...	...	...	...	...	6
School canteens	...	...	...	...	...	...	...	194

Satisfactory conditions were found generally.

Licensed Premises

Licensed premises where main meals are served are already subject to periodic inspection as catering establishments. Since beer is a food the Food Hygiene Regulations, 1955, apply to all licensed premises and, following their consideration of a report on the matter, the Health Committee authorised the carrying out of certain special inspections. These took the form of an evening visit of observation at peak trading hours followed by a full inspection of the premises the next day.

During the year 276 premises were so visited bringing the number of premises visited since the survey began in August 1956 up to a figure of 414 out of a total of 947 "on-licence" premises in the City. The purpose of the inspections has been two-fold—firstly, to ensure that the requirements of the Food Hygiene Regulations, 1955, have been met and secondly, to examine methods of handling and serving drinks with special attention being paid to the collection and disposal of waste beer.

Generally conditions were found to be good but in 17 cases it was necessary to write to the management or brewery concerning undesirable practices observed. In addition at 157 premises deficiencies of equipment or other conditions were the subject of letters to the respective breweries. The co-operation of both management and breweries has been readily obtained and improvements carried out where necessary.

MILK AND DAIRIES

The supervision of milk and frozen confections, and of imitation cream and eggs used in confectionery bakeries, has continued in the hands of five full-time inspectors, assisted by samplers, working under the direction of the Administrative Medical Officer of Health (General Purposes).

The work of the Section during the year is summarised as follows :—

Visits to pasteurising plants	...	...	...	...	...	...	709
Visits to sterilising plants	...	...	...	...	...	...	664
Visits to wholesale purveyors	...	...	...	...	...	...	572
Visits to retail purveyors	...	...	...	...	...	...	779
Visits to ice cream manufacturers	...	...	...	...	...	...	833
Visits to ice cream dealers	...	...	...	...	...	...	5,122
Visits to iced lollipop manufacturers	...	...	...	...	...	...	593
Visits to iced lollipop dealers	...	...	...	...	...	...	5,143
Visits to milk bars	...	...	...	...	...	...	198
Visits to principal bakehouses (bread and confectionery)	...	...	...	...	...	...	633
Other visits	...	...	...	...	...	...	422
Unsuccessful visits	...	...	...	...	...	...	594
Interviews	...	...	...	...	...	...	287

In addition public health inspectors made 3,052 visits to milk shops, primarily for the purpose of their registration.

Milk Licences

The following licences were in operation at the end of the year :—

Pasteurising Plant—H.T.S.T.	...	...	...	...	...	7
Holder	...	...	...	...	...	2
Sterilising plant	...	...	...	...	...	9
Wholesale and Retail Milk-Distributors and Depots	...	...	...	...	...	58*
Dealers' Licences (Shop retail trade)	...	...	...	...	...	2,513
Tuberculin-tested Licences issued to producers of pasteurised milk						
for the production of Tuberculin Tested (Pasteurised) Milk...	...	...	...	...	...	8

*Three wholesale and retail purveyors went out of business during the year, and were removed from the Register.

With a view to prevention of chipping and scratching of bottles and, in general, to prolong their life, a silicone-spraying unit has been installed on a bottle-line at one dairy. Certain recommended precautions have been incorporated and it is anticipated that other similar units will be installed.

At another dairy, experimental Ultra-High Temperature Treatment of milk has been carried out and, the Ministry of Agriculture, Fisheries and Food having agreed to a trial production of such milk subject to its sale as "pasteurised," a time-temperature combination has been worked out and has been submitted to the Minister for approval. This approval had not been received by the end of the year.

Complaints

The following complaints were received during the year :—

Dirt and foreign matter in bottles	...	...	...	...	...	33
"Watery" sterilised milk	...	...	...	...	...	2
Complaints from schools :—						
Dirt and foreign matter in bottles	...	...	...	...	...	5
Glass in bottles	...	...	...	...	...	5

The total figure corresponds closely with that for the previous year and there is clearly need for greater attention by the consumer to thorough rinsing of bottles with cold water before return. This applies both to pint and to $\frac{1}{2}$ pint (school) bottles, as shown by the number of bottles containing small quantities of milk which has dried on to the glass. It is not appreciated, moreover, that rinsing with hot water, practised with the best intentions, merely serves to fix a film of fat on the glass surface.

Milk Sampling

Arrangements for the sampling of milk during delivery and in store have continued as formerly.

These resulted as follows :—

RAW MILK

	<i>Total No. of samples taken for Methylene Blue Test</i>		<i>No. of failures</i>
Tuberculin tested	147	2 (1·36%)

PASTEURISED MILK

	<i>Methylene Blue Test</i>		<i>Phosphatase Test</i>	
	<i>No. submitted</i>	<i>No. failed</i>	<i>No. submitted</i>	<i>No. failed</i>
From Dairies inside City :				
Taken from rounds	752*	9 (1·19%)	752*	Nil
Taken from schools	295	9 (3·05%)	295	Nil
From Dairies outside City :				
Taken from Rounds	262	3 (1·14%)	262	Nil
Taken from Schools	27	2 (7·40%)	27	Nil

*Sixty of the above samples of pasteurised (inside City) milk were Tuberculin Tested (pasteurised) homogenised milk supplied by several of the larger dairies to the Scout Jamboree in Sutton Park. No failures were reported on these samples (30 Methylene Blue and 30 Phosphatase).

STERILISED MILK

	<i>No. of samples taken for Turbidity Test</i>		<i>No. of failures</i>
From Dairies inside City during delivery	97		Nil
From Dairies outside City ...	49		Nil

Churn and Bottle Washing

As a check upon the efficiency of churn and bottle washing, a small number of samples were taken, with the following results :—

<i>No. of samples taken :-</i>	<i>Estimated Colony Count per Bottle or Churn</i>				
	<i>Nil</i>	<i>Under 1,000</i>	<i>1,001— 10,000</i>	<i>10,001— 100,000</i>	<i>100,101— 500,000</i>
Bottles (24)	Nil	15	6	2	1
Churns (14)	Nil	6	6	2	Nil

Cream

One hundred and ninety-one samples were submitted to the methylene blue test and, of these, two were reported by the Laboratory as void owing to excessive shade-temperature. Of the remaining 189, four failed and were submitted to the B.coli test with negative results.

Of the four failures, one was known to have been pasteurised after separation: the remainder came from sources outside the City and precise details as to treatment were not available.

One sample of frozen cream was examined, a colony count of 236,000 being reported, with B.coli absent.

FROZEN CONFECTIONS

Ice Cream

During the year nine ice cream manufacturers' licences were cancelled, eight manufacturers transferring to sale only and one giving up business. One manufacturer's licence was granted, leaving a total of 96 manufacturers on the register at the end of the year.

The number of premises registered for sale only was 2,990 compared with 2,953 at the beginning of the year. There were 168 new registrations and 131 cancellations, the premises in some instances being demolished as a result of re-development and the remainder ceasing to sell ice cream.

Seven temporary registrations were granted for the sale of ice cream during exhibitions at Bingley Hall.

Five applications for registration for sale were withdrawn when the unsuitability of the premises, by reason of sanitary defects or the nature of the main business, was explained to the applicant. In each instance the applicant was advised of his rights of appeal but no further action was taken.

Sampling both as routine and in following up unsatisfactory results has been continued as formerly, samples being submitted to the modified methylene blue test with results as follows :—

<i>Provisional Grade</i>	<i>Samples of ice cream manufactured on premises in the City</i>	<i>Samples of ice cream manufactured on premises outside the City</i>	<i>Total samples 1957</i>	<i>Results 1956</i>
1	291 (88·45%)	243 (94·18%)	534 (90·97%)	531 (91·87%)
2	23 (6·99%)	14 (5·43%)	37 (6·30%)	28 (4·84%)
3*	6 (1·82%)	1 (0·39%)	7 (1·19%)	15 (2·60%)
4*	9 (2·74%)	Nil	9 (1·53%)	4 (0·69%)
	<u>329</u>	<u>258</u>	<u>587</u>	<u>578</u>

*Six of the above adverse results (3 Grade 3's and 3 Grade 4's) were taken from a manufacturer who had installed additional equipment and was inexperienced in the cleansing and sterilisation of the plant. Four of the Grade 4's were from a shop whose proprietor was serving loose ice cream. Advice given resulted in satisfactory gradings being obtained on subsequent samples in both the above cases.

Informal sampling was also carried out under the Food Standards (Ice Cream) Order, 1953. This gave the following results :—

	<i>No. of samples</i>	<i>No. falling below standard</i>
Manufactured inside City	144	1
Manufactured outside City	63	Nil

The sample reported as falling below standard showed results as follows :—

<i>Fat</i>	<i>Sucrose</i>	<i>Milk solids not fat</i>
4.0%	13.0%	12.0%
as compared with the statutory requirements of		
5.0%	10.0%	7.5%

The manufacturer concerned ceased production for the season before another sample could be obtained.

Iced Lollipops

At the beginning of the year there were 41 premises registered under the Birmingham Corporation Act, 1954, for the manufacture of iced lollipops. Two further registrations were effected during the year and two premises were removed from the register on giving up business, leaving the number on the register at the end of the year at 41.

The number of premises registered for sale only at the end of the year was 2,770 compared with 2,667 at the end of 1956. There were 193 new registrations and 90 cancellations during the year.

PURITY

One hundred and seven samples of iced lollipops were submitted for bacteriological examination and gave results as follows :—

All 107 samples were submitted to the B.coli test with negative results.

Thirty-three were further submitted to the methylene blue test and gave the following results :— Grade I, 31 ; Grade II, 2.

The remaining 74 were examined by plate count :—

<i>Colony count per 1 ml. of "lollie" after 48 hours at 37°C.</i>	<i>No. of samples</i>
Nil	16
Under 50	49
Under 200	3
Under 2,000	4
3,000	1
Uncountable	1
	<hr/>
	74
	<hr/>

Forty-six samples were also submitted for investigation to determine the amount of metallic contamination. Three of these samples, two from manufacturers inside the City and one from a source outside the City, showed greater proportions of lead present than the 1% recom-

mended as the maximum amount permissible. Both city manufacturers withdrew the moulds concerned for re-tinning. The Medical Officer of Health of the area and the manufacturer concerned in the one case from outside the City were notified, and the offending moulds were withdrawn.

CONFECTIONERY BAKERIES

The general hygienic standard of the bakeries and other premises under our control has been well maintained during the year.

The completion, and subsequent opening, of a large confectionery bakery and the re-equipment of this firm's bread bakery in the area of a neighbouring authority has led to the closure, for production purposes, of three premises in the City.

A second firm has undertaken extensive reconstruction, while a third has ceased production locally, using their premises for storage and distribution only.

Imitation Cream

Routine sampling (a) at the larger confectionery bakeries (supervised by the Milk and Dairies Section) and (b) at the smaller bakeries (supervised by the Chief Public Health Inspector) has shown the following results :—

<i>Source of samples</i>	<i>Colony Count per 1 ml.</i>	<i>Number of Samples</i>	
		<i>(a) Larger bakeries</i>	<i>(b) Smaller bakeries</i>
Unopened Container	Nil	17	18
	1— 1,000	53	59
	1,001— 10,000	6	7
	10,001—100,000	2	7
	100,001—500,000	2	2
	Over 500,000	Nil	2
		<hr/>	<hr/>
		80	95
		<hr/>	<hr/>
Mixing Bowl	Nil	12	11
	1— 1,000	59	60
	1,001— 10,000	9	13
	10,001—100,000	3	8
	100,001—500,000	Nil	1
	Over 500,000	Nil	2
		<hr/>	<hr/>
		83	95
		<hr/>	<hr/>

Every sample was examined for the presence of B.coli which was consistently absent.

Egg and Egg Albumen

The sampling of dried and frozen whole egg and albumen has been continued during the year from confectionery bakeries, cold stores, etc., with the results as follows :—

Country of origin				No. of samples taken	No. showing Salmonella infection (except <i>S. pullorum</i>)	<i>S. pullorum</i>
(a) <i>Frozen Whole Egg</i>						
England	...	...	571	39	1
China	...	...	10	Nil	1
Australia	...	...	81	1	5
Poland	...	...	4	Nil	Nil
Unknown	...	...	4	Nil	Nil
(b) <i>Dried Whole Egg</i>						
China	...	...	9	Nil	Nil
Denmark	...	...	1	Nil	Nil
Unknown	...	...	2	Nil	Nil
(c) <i>English Fresh</i>						
(Unfrozen)	...	...	7	Nil	Nil
(d) <i>Frozen Liquid Albumen</i>						
China	...	...	142	12	Nil
Ireland	...	...	5	Nil	Nil
Argentine	...	...	2	Nil	Nil
(e) <i>Crystals and Powder (Albumen)</i>						
China	...	...	2	Nil	Nil
Unknown	...	...	13	Nil	Nil
(f) <i>Liquid Concentrated Albumen</i>						
Unknown	...	...	13	Nil	Nil
				<hr/>	<hr/>	<hr/>
				866	52	7
				<hr/>	<hr/>	<hr/>

SHELLFISH

One sample of oysters and 89 of mussels were taken by the Food Inspection Department for bacteriological examination during the year.

The sample of oysters showed no Type I B.coli per 1 ml. of fish.

The results of mussel examination were as follows :—

<i>B.coli</i> Type I per 1 ml. of fish	<i>Sources of Supply</i>						<i>Total</i>
	<i>A</i>	<i>B</i>	<i>C</i>	<i>D</i>	<i>E</i>	<i>F</i>	
Nil	21	9	15	2	1	1	49
0.25—0.5	8	6	7	3	—	—	24
0.75—1.0	3	2	1	1	—	—	7
1.25—5.0	1	1	2	—	2	1	7
Over 5 and under 10	—	—	—	—	—	—	—
Over 10	—	—	—	—	2	—	2
	33	18	25	6	5	2	89

A high standard of purity was maintained by sources A and C, while source B showed improvement in comparison with previous years. Source D was the new source reported last year. Mussels from source E gave initially poor results but, with the co-operation of the Fisheries Experimental Station, Conway, improvement resulted.

It is worthy of note that only in two instances was an average of over 5 *B.coli* Type I per 1 ml. of fish reported. Two pools of five mussels each were examined in every case.

No infection has resulted from the consumption of shellfish during the year.

INSPECTION OF MEAT AND OTHER FOODS

(Report by C. G. Allen, M.R.C.V.S., D.V.S.M., F.R.S.H., Chief Veterinary Officer and Chief Inspector of Meat and Other Foods).

The Food and Drugs Act, 1955, the Food Hygiene Regulations, 1955, and the Byelaws made by the City Council, enable the Food Inspection Staff to exercise their powers of inspection and seizure and to maintain supervision of the City's supplies of meat and other foods.

Applications for the renewal of slaughterhouse licences continued to be subject to annual review. The licences of 24 slaughterhouses (15 of which were connected with bacon factories) were renewed as from 1st February and also the licence in respect of one knacker's yard.

Meat Supplies.

Slaughtering in the City is mostly centralised and continues to depend mainly upon public slaughtering facilities at the City Abattoir. There are also large refrigerated stores at the Abattoir where imported meat is stored until distributed to retail shops.

The supervision of meat supplies from the Abattoir is maintained throughout the various supply channels to the retail shops, school meals centres, canteens and food preparation premises.

SLAUGHTER OF ANIMALS AND INSPECTION OF MEAT, ETC.

The slaughtering or stunning of animals in a slaughterhouse or knacker's yard is prohibited except under licence granted by the local authority.

The meat inspection staff at the Abattoir comprises qualified veterinary and food inspectors, who examine animals before and after slaughter, to ascertain their fitness for human consumption. These inspectors also supervise the slaughtering carried out by licensed slaughtermen, there being 148 slaughtermen's licences in force at 31st December, 1957.

The vehicles used in the City for the transport of animals and of meat are subject to inspection.

A laboratory is maintained at the Abattoir, to assist in the diagnosis of various diseases.

BACON FACTORIES.

Inspectors are constantly engaged examining the carcasses of pigs slaughtered at the 15 bacon factories in operation in the City. These inspectors also examine meat supplies on sale in the pork shops connected with the bacon factories. For such purposes 2,536 visits were made.

PRIVATE SLAUGHTERHOUSES.

There are 9 private, licensed slaughterhouses in the City and all carcasses are inspected by the district food inspectors.

ANIMALS SLAUGHTERED

		<i>Beasts</i>	<i>Calves</i>	<i>Sheep</i>	<i>Pigs</i>	<i>Total</i>
Public Abattoir ...		47,465	67,576	204,813	80,064	399,918
Pigs slaughtered in bacon factories ...					228,638	228,638
Private slaughterhouses		1,946	364	12,239	1,700	16,249
TOTAL 1957 ...		49,411	67,940	217,052	310,402	644,805
TOTAL 1956 ...		48,161	92,453	238,268	331,332	710,214

NOTE.—487 cases of cysticercus bovis (measly beef) were found at the Abattoir during the year, and 3 at private slaughterhouses.

Since the area plan for the eradication of bovine tuberculosis was introduced in 1950, the percentage of cattle slaughtered at the Public Abattoir, affected with tuberculosis, has fallen steadily :

<i>Year</i>			<i>Percentage of cattle killed at Abattoir, affected with tuberculosis</i>	<i>Percentage of cattle certified as free from tuberculosis to total cattle for Great Britain</i>
1950	...	...	27·1	22·1
1951	...	...	24·1	31·2
1952	...	...	21·1	39·8
1953	...	...	19·2	43·7
1954	...	...	15·0	49·8
1955	...	...	10·2	60·0
1956	...	...	8·1	67·0
1957	...	...	7·4	76·0

Fish, Poultry and Vegetable Supplies. The wholesale supplies of fish, poultry, fruit and vegetables in the markets are subjected to regular daily inspection. In the case of shellfish and watercress, samples are taken for bacteriological examination and supplies which do not conform with required standards of cleanliness are prohibited from being sold in Birmingham.

The fish market supplies an area within a radius of approximately twenty miles from the City centre.

Hawkers. Bull Ring hawkers of foodstuffs who purchase their goods in the wholesale markets, are regularly visited by a food inspector. Section 42 of the Birmingham Corporation Act, 1948, provides for the registration of hawkers of food and of their storage premises, and at 31st December, 1957, registration had been effected in 322 cases. During the year street hawkers were visited 30,775 times.

Retail Food Shops and other Premises. After foodstuffs have been distributed from the wholesale markets to retail shops, they are still under the supervision of the district food inspectors, for which purpose the City is divided into nine districts.

Food Hygiene Regulations, 1955. These regulations which came into force 1st January, 1956, were made under the Food and Drugs Act, 1955, and are concerned with the construction, repair and cleanliness of food premises, stalls, vehicles and equipment and the hygienic handling of food generally. The district food inspectors take steps to ensure that the provisions are complied with, and they also draw attention of shop-keepers and others to the requirements of the Marking Orders relating to foodstuffs, made under the Merchandise Marks Act, 1926. At the request of the Town Planning Department and the Estates Department,

special inspections are carried out to see that premises which are proposed to be used for the sale or storage of food, conform to the requirements of the Food Hygiene Regulations.

The following retail shops were visited :—

					<i>Number</i>	<i>Visits during 1957</i>
Beef and pork butchers	...	...	...	...	1,005	21,999
Grocers and hucksters...	...	...	...	...	5,475	6,944
Greengrocers	...	...	...	...	1,194	8,163
Fish friers	...	...	...	...	449	663
Fishmongers	...	...	...	...	619	6,129
Horseflesh	...	...	...	...	1	7
					<hr/> 8,743	<hr/> 43,905

The following food premises, registered under Section 16 (1) of the Food and Drugs Act, 1955, were visited :—

					<i>Number</i>	<i>Visits during 1957</i>
Sausage, cooked meat and pork pie manufacturers					274	} 8,630
Jam manufacturers	...	...	...	...	1	

Change of Occupancy. In seven cases registered food preparation premises changed hands and the register was amended accordingly.

Inspection of Meat, Fish and Other Foods, at School Meals Centres, etc. The premises visited included :—

					<i>Number</i>	<i>Visits during 1957</i>
Institutions and Residential Homes	...	...	...	...	53	528
School Meals Centres	...	...	...	...	227	2,481
					<hr/> 280	<hr/> 3,009

In cases where food supplies or storage conditions are found to be unsatisfactory at school meals centres, reports are sent to the Education Department.

Supervision is also maintained of meat supplied to institutions, schools, etc., and a check is made for quality and prices according to the conditions of contract.

Complaints and Request Inspections. During the year, 1957, complaints and request inspections numbered 3,967.

Foods judged as unfit. Condemned meat and offal are not used for human consumption in any form, but are utilised by the Corporation Salvage Department and manufactured into fertilisers, meat and bone meal, etc. Other condemned foodstuffs are disposed of by burning.

FOODS JUDGED AS UNFIT

<i>Number of Surrenders</i>	<i>Class of Foodstuffs</i>						<i>T.</i>	<i>c.</i>	<i>q.</i>
10,246	Meat and Offal	...	...	...	...	...	601	10	1
528	Fish	...	...	...	...	...	33	4	2
251	Poultry, etc.	...	...	...	...	...	3	12	2
371	Fruit and Vegetables	...	...	...	...	...	295	16	1
1,953	Miscellaneous	...	...	...	...	...	92	3	1
<hr/>							<hr/>		
13,349						1957	1,026	6	3
<hr/>							<hr/>		
13,462						1956	911	1	0
<hr/>							<hr/>		

Byelaws requiring the sterilisation of Animal Feeding Meat.
Byelaws made under Section 43 of the Birmingham Corporation Act, 1948, requiring the sterilisation of animal feeding meat, have been in operation since 1st December, 1950.

Prosecutions

Food and Drugs Act, 1955 : Section 8 :

	<i>Fine</i>
Sale of mouldy pork pie	£3 15 0 and £1 5 0 costs
Sale of mouldy pork pie	£5 0 0
Sale of mouldy meat pie	£15 0 0

Food and Drugs Act, 1955 : Section 2 :

Sale of tin of rhubarb containing surgical dressing	£15 0 0 and £1 5 0 costs
Sale of peanut butter containing rodent hairs and skin	£20 0 0

Food Hygiene Regulations, 1955 :

Failure to wear a clean and washable head-covering whilst carrying meat	£2 0 0
--	--------

Slaughter of Animals (Prevention of Cruelty) No. 2 Regulations, 1954 : Section 5 :

Failure to provide water for pigs in lairage ... }	Cases dismissed
Failure to provide water for cattle in lairage ... }	

CARCASSES AND OFFAL INSPECTED AND CONDEMNED IN WHOLE
OR IN PART

	CITY MEAT MARKET (C.M.M.). PRIVATE SLAUGHTERHOUSES (P.S.)					BACON FACORIES
		<i>Cattle</i>	<i>Calves</i>	<i>Sheep & Lambs</i>	<i>Pigs</i>	<i>Pigs</i>
Number killed ...	C.M.M. P.S.	47,465 1,946	67,576 364	204,813 12,239	80,064 1,700	228,638
Number inspected ...	C.M.M. P.S.	47,465 1,946	67,576 364	204,813 12,239	80,064 1,700	20%
<i>All Diseases except Tuberculosis and Cysticercosis</i>						
Whole carcasses condemned ...	C.M.M. P.S.	40 —	528 2	405 —	198 4	271
Carcasses of which some part or organ was condemned ...	C.M.M. P.S.	447 48	218 —	8,287 19	1,728 29	2,517
Percentage of the number killed affected with disease other than tuberculosis and cysticerci	C.M.M. P.S.	1·03 2·47	1·10 0·55	4·24 0·16	2·41 1·94	1·22
<i>Tuberculosis only.</i>						
Whole carcasses condemned ...	C.M.M. P.S.	86 1	10 1	— —	45 —	40
Carcasses of which some part or organ was condemned ...	C.M.M. P.S.	3,428 93	7 —	— —	2,776 27	11,032
Percentage of the number killed affected with tuberculosis ...	C.M.M. P.S.	7·40 4·83	0·03 0·27	— —	3·52 1·59	4·84
<i>Cysticercosis.</i>						
Carcasses of which some part or organ was condemned ...	C.M.M. P.S.	486 3	— —	— —	— —	— —
Carcasses submitted to treatment by refrigeration ...	C.M.M. P.S.	486 3	— —	— —	— —	— —
Generalised and totally condemned	C.M.M. P.S.	1 —	— —	— —	— —	— —

No horses were slaughtered in Birmingham for human consumption.

THE MILK SUPPLY

(Report by C. G. Allen, M.R.C.V.S., D.V.S.M., F.R.S.H., Chief Veterinary Officer).

City Dairies

Regular monthly veterinary inspections are made of all city dairy herds: 429 visits were made to cowsheds during the year ended 31st December, 1957.

At the end of 1957 there were 14 dairy farms housing 346 milch cows in sheds, viz:—

Attested herds	...	...	...	...	...	...	8
Non-designated herds	...	...	...	...	...	...	6

DAIRY HERDS. The cows were examined for any evidence of disease and uncleanness, and for preventing danger to the public from the sale of infected milk. The health and cleanliness of cows in city dairy herds were generally good.

Owing to an outbreak of foot-and-mouth disease at farm premises at Bickenhill on 20th May, 1957, the whole of Birmingham was included in the infected area of approximately 10 miles radius and all movement of cattle was controlled by licence until the restrictions were withdrawn on 11th June. As a precautionary measure the usual monthly veterinary inspections were suspended during the period.

MASTITIS. During the year 6 cows were found to be affected with acute catarrhal mastitis and the milk produced by these cows was prohibited from sale.

TUBERCULOUS MILK INVESTIGATION. In addition to the clinical examination of dairy cows, 27 bulk samples of milk were collected from City dairy herds for biological testing. None was infected.

Individual samples of milk and sputum samples are also taken and examined in our own laboratory by the veterinary inspector dealing with the investigations.

TUBERCULOSIS ORDER. There were no cows in city dairy herds dealt with under the Tuberculosis Order.

CONTAGIOUS ABORTION. In connection with the Ministry's voluntary scheme for vaccination of heifer calves against contagious abortion, 14 calves have been vaccinated.

COWSHEDS

Any conditions relating to the building and water supplies coming to the notice of the veterinary inspector, affecting or likely to affect the health and cleanliness of cattle, are reported to the Ministry of Agriculture, Fisheries and Food. No such complaints were made during the year.

A fairly high standard of cleanliness is being maintained.

All the cowsheds have been limewashed or sprayed at least twice during the year.

Tuberculosis and the Milk Supply

In order to detect the source of tuberculous milk and to eliminate the infected cattle, four dozen samples of milk are collected weekly and submitted for biological tests. In addition to the samples of milk taken at depots, samples are also collected from city dairy herds.

The supplies continue to be handled mainly by large milk depots from approximately 3,000 farmer producers.

The system is to sample as far as possible each source of supply, and samples are obtained from raw milk before heat treatment. Each sample represents the mixed milk of the cows of a single herd and to deal with the whole of the City's milk supplies takes about sixteen months at the present rate of four dozen samples a week.

The following return shows the number of samples of milk taken and submitted for biological examination during 1957 :—

<i>Origin of milk</i>	<i>Samples</i>		<i>No. of tuberculous cows traced</i>
	<i>Taken at depots etc.</i>	<i>Infected</i>	
Derbyshire	3	—	—
Gloucestershire	26	—	—
Herefordshire	26	—	—
Leicestershire	69	2	—
Oxfordshire	2	—	—
Shropshire	173	3	—
Staffordshire	696	21	20
Warwickshire	732	15	19
Worcestershire	526	4	2
	<hr/>	<hr/>	<hr/>
	2,253*	45	41
City Dairies (bulk) ...	27	—	—
	<hr/>	<hr/>	<hr/>
	2,280	45	41
	<hr/>	<hr/>	<hr/>

* Samples taken at depots included 507 samples of "Tuberculin Tested" milk; all of which were found to be free from tuberculous infection.

With regard to the infected samples, in addition to notifying the County Medical Officers concerned, and in order to avoid delay, copies of notifications are sent to the County Divisional Veterinary Officers of the Ministry of Agriculture, Fisheries and Food (Animal Health Division) who arrange veterinary examination of the herds concerned, in order to find and eliminate the infected cows.

As a direct result of sampling milk for the presence of tubercle bacilli, 41 tuberculous cows were known to have been eliminated during 1957 from dairy herds supplying milk to Birmingham.

At 10 farms the investigations had not been completed at the end of the year.

The following table shows, in regard to milk sent into Birmingham, the number of samples taken during the past ten years, and the percentage infected :—

<i>Year</i>				<i>Samples taken</i>	<i>Samples infected</i>	<i>Percentage infected</i>
1948	...	...	...	2,306	69	3.0
1949	...	...	...	2,326	133	5.7
1950	...	...	...	2,211	98	4.4
1951	...	...	...	2,246	98	4.3
1952	...	...	...	2,243	89	3.9
1953	...	...	...	2,319	72	3.1
1954	...	...	...	2,145	71	3.3
1955	...	...	...	1,757	65	3.7
1956	...	...	...	2,018	59	2.9
1957	...	...	...	2,253	45	2.0
Average for period						3.6
Average for period 1938—1947						7.2

Tuberculosis (Attested Herds) Scheme

The Ministry of Agriculture, Fisheries and Food introduced the Area Plan for the Eradication of Bovine Tuberculosis on 1st October, 1950, and at the 31st December, 1950, the percentage of attested (certified as free from tuberculosis) cattle to total cattle in Great Britain was 22.1.

Good progress continues to be made in eradicating bovine tuberculosis and at 31st December, 1957, approximately 76 per cent, of all cattle in Great Britain were in attested herds, as against 68 per cent. a year ago.

The main instrument in the eradication of bovine tuberculosis remains the Voluntary Tuberculosis (Attested Herds) Scheme, which was started in 1935.

The figures in the following table show the position at 31st December, 1957, for Great Britain and comparison with earlier years :—

<i>Year</i>	<i>Total cattle population 4th June</i>	<i>Number of attested herds 31st December</i>	<i>Number of cattle in attested herds</i>	<i>Percentage of attested cattle</i>
1939	8,118,788	13,874	477,481	5·9
1945	8,697,169	20,036	788,020	9·1
1946	8,718,998	25,355	945,042	10·8
1947	8,633,216	30,436	1,199,929	13·9
1948	8,840,198	36,896	1,444,794	16·3
1949	9,263,945	44,889	1,762,200	19·0
1950	9,630,757	55,045	2,123,920	22·1
1951	9,513,521	74,025	2,977,056	31·3
1952	9,303,133	96,429	3,702,995	39·8
1953	9,508,101	111,875	4,154,134	43·7
1954	9,785,558	126,616	4,875,628	49·8
1955	9,766,781	152,077	5,862,051	60·0
1956	9,993,000	167,757	6,795,000	68·0
1957	9,911,000	185,543	7,570,000	76·0

The number of attested herds, i.e., herds officially certified as free from tuberculosis, as at 31st December, 1957, was as follows :—

<i>England</i>	<i>Wales</i>	<i>Scotland</i>	<i>Total (Great Britain)</i>
106,893	36,451	42,199	185,543

There were also 3,517 supervised herds. These herds need only one clear tuberculin test to qualify as attested herds.

The position as at 31st December, 1957, in the counties supplying Birmingham's milk, was as follows :—

<i>County</i>	<i>Total cattle</i>	<i>Number of attested herds</i>	<i>Number of cattle in attested herds</i>	<i>Percentage of attested cattle to total cattle</i>
Derby ...	186,000	2,088	99,000	53
Gloucester ...	206,000	2,729	145,000	70
Hereford ...	155,000	3,635	132,000	85
Leicester ...	167,000	1,386	75,000	45
Salop ...	302,000	4,556	214,000	71
Stafford ...	237,000	2,633	123,000	52
Warwick ...	148,000	1,585	86,000	58
Worcester ...	105,000	1,211	58,000	55
<hr/>				
England ...	7,056,000	106,893	4,932,000	70
Great Britain ...	9,911,000	185,543	7,570,000	76
Great Britain			at 31/12/1956	68
Great Britain			at 31/12/1950	22·1

TUBERCULOSIS ORDER. Post-mortem examinations were made on 8 cows which had been sent to the City Meat Market from outside farms, and a report of the post-mortem examination in each case was sent to the Ministry of Agriculture, Fisheries and Food.

TUBERCULOSIS (SLAUGHTER OF REACTORS) ORDER, 1950. There were slaughtered at the Public Abattoir 144 cows which had been kept on premises in eradication areas or attested areas and which had reacted to tuberculin tests. A report of the post-mortem examination in each case was sent to the Divisional Veterinary Officer of the Ministry of Agriculture, Fisheries and Food.

Tuberculin Testing of City Herds

The following animals were tested during 1957 :—

Rubery Hospital Farm	...	...	...	109 animals tested and passed
Monyhull Hall Hospital Farms	...	...	...	144 animals tested and passed

ENVIRONMENTAL HEALTH SERVICES

HOUSING

During 1957 there was a slight increase in the rate of house building as compared with 1956. The actual figures for the past five years are : 1953, 4,787 ; 1954, 3,923 ; 1955, 3,858 ; 1956, 3,307 ; 1957, 3,332. The net increase in the number of houses, calculated by deducting from the number of houses built or provided by conversion into flats the known demolitions, was 2,001.

The Registrar-General's estimates of mid-year population for the same period are :

Mid 1953	...	...	1,118,500 (a decrease of 500 on previous year)
Mid 1954	...	...	1,117,700 (a decrease of 800 on previous year)
Mid 1955	...	...	1,111,700 (a decrease of 6,000 on previous year)
Mid 1956	...	...	1,110,800 (a decrease of 900 on previous year)
Mid 1957	...	...	1,103,000 (a decrease of 7,800 on previous year)

The application register maintained by the Housing Management Department comprised 67,316 eligible cases in 1957 as compared with 63,536 in 1956, thus indicating that the housing shortage is still acute.

Although comparison of the population estimates with the net increases in the number of new houses year by year might appear to indicate some quantitative improvement, there is no doubt that very bad housing conditions still exist. The known hard core of 50,000 unfit houses in the Redevelopment Areas and in the Clearance Areas declared under the present programme is being cleared, but only very gradually ; meanwhile the houses which will have to be retained in occupation for some years are being patched or renovated in various ways, improving very considerably the conditions under which the tenants live. This form of treatment, effective as an expedient for the time being, does not, however, remove the more serious inherent defects which include e.g., lack of through ventilation, shared w.c's in common courts, awkward approaches, dangerous staircases, congestion etc., whilst such amenities as baths or hot water are impracticable because of cost and lack of space.

Unfortunately bad conditions are not restricted to actual or potential Clearance Areas. Seventy or eighty years ago many districts were developed by the erection of what were then good middle class residences, constructed for larger families with servants. These houses are to-day obsolescent. Though in many ways basically well constructed they are often without space for garage. During the past fifty years there has been a gradual migration of the families for whom these houses were

intended to districts further from the centre of the City. Particularly in more recent years, the housing shortage has inevitably led to re-occupation of these houses, often to saturation point, by two or more, often many more, families per house. The existing conveniences and amenities have proved to be dismally inadequate to provide for the additional families and this factor, coupled with other difficulties arising from multiple occupation, has marked an alarming deterioration in conditions.

Proper sub-division of a large house into flats or structurally separate units, each with proper approaches, conveniences and other amenities, offers a solution, but the structural and economic problems involved are often well nigh insuperable, despite the availability of an Improvement Grant. The difficulties have been accentuated by a long period of poor maintenance, expensive to rectify. In fact, many owners of such houses, who have contemplated application for Improvement Grants, have abandoned that intention when they were faced with estimates, not only for fifty per cent of the approved cost of improvement, but for substantial but necessary repairs of a general nature towards which no grant is admissible. Their decision was also influenced by the fact that permissible rents are limited by statute when Improvement Grants have been made. As many of these houses are held on leases with only 20 to 25 years unexpired, it is difficult to raise monies with which to fund a substantial building operation.

Many of the individually difficult housing cases which come to the attention of your Department are found in such houses, and it has been found necessary in some cases to make Closing Orders on individual rooms. Remedial action under the Public Health Act is enforced regularly and in a great number of cases by the Chief Public Health Inspector and his staff, but critical structural items may have to be omitted from notices served because defects do not always give rise to a nuisance in the public health sense. Where deterioration has reached an advanced stage and the cost of repair is unreasonable clearance action may be legally appropriate, but this action has not, save in a few specially critical instances, been applied to houses of the class mentioned unless they were contiguous to houses of a different type forming part of a Clearance Area already decided upon.

Somewhat different problems are presented by smaller houses of the terrace type arranged in long rows on each side of a street, each house apparently identical with its neighbour. Closer examination often reveals substantial differences in maintenance and even in quality of original construction. Many such houses are of the tunnel-back type with a small hemmed in yard space. In general they have separate w.c. accommodation, many have a food store, and almost all have an internal water supply. The future of these houses causes considerable concern to the officers of your Department. If routine maintenance has been

or is neglected for many years, the deterioration may be sufficiently grave to justify inclusion in future Clearance Areas. Conversely, good maintenance, coupled with improvements of a proper type (perhaps with an Improvement Grant) will yield dwellings that will afford satisfactory housing accommodation for many years and provide a wise owner with a sound investment secured by contented tenants.

The Rent Act, 1957, which received Royal Assent on the 6th June, 1957, is primarily concerned with the financial and contractual relationships between landlord and tenant, but it is conceivable that it may have some effect on house maintenance. Satisfactory and good maintenance may, by saving a relatively old house from being regarded as unfit for human habitation, ease somewhat the burden on the Local Authority by making it possible to omit such houses from Clearance Area action for some years. This possibility will naturally be kept constantly in mind by your officers with a view to action and report as found necessary when sufficient time has elapsed to form a balanced opinion of the effects of the Rent Act on the general standard of house maintenance.

The Housing Act, 1957, which received Royal Assent on the 31st July, 1957, was a consolidating Act, which, it is disappointing to note, did not remedy some small, but very important, ambiguities and anomalies which had caused difficulties in practice. Probably more important was a Housing Subsidies Order of November 1st, 1956, which, so far as this City is concerned, provided that Government grant for house building was to be restricted to housing replacements in slum clearance and redevelopment.

There are no present signs that there will in the near future be a really substantial increase in the number of new houses to be built. This inevitably means that the rate of demolition of houses, whether in the Redevelopment Areas or in Clearance Areas elsewhere, is unlikely to be accelerated, and the present situation will have to be continued. Houses which ought to be demolished will have to be retained in occupation, in some cases for many years.

A general pattern is emerging. Within the Redevelopment Areas it has been possible to prepare a relatively definite programme of demolition and development embracing other buildings and open spaces as well as houses. This has enabled the Housing Management Committee to have regard to the potential life of units of property and to relate to this the scope of the patching or renovation scheme to be applied. Further, each small operation within a Redevelopment Area can be related to the whole and progress towards a planned entity gradually achieved.

Outside the Redevelopment Areas similar intentions govern general policy but the powers available to the Local Authority differ considerably. Clearance Area action can only be taken in respect of areas consisting of dwellinghouses which are unfit for human habitation and should, in

accordance with the Housing Act, be demolished. As a result of this limitation, areas defined for acquisition under the Housing Acts are often extremely irregular ; many are small housing units interspersed amongst industrial buildings ; others are part of an admixture of units of houses which fall into two categories, viz. those meriting demolition and those which are either fit or are not so unfit as to be beyond simple repair.

It is true that the Housing Act contains powers to acquire fit houses or other buildings for the purpose of securing a cleared area of convenient shape or dimensions, or for the satisfactory development or use of the cleared area, but there is no power to defer the demolition of these houses as can be done with those that are unfit.

The Committees concerned have earnestly considered future development in its many aspects and the Public Works Committee has already defined many areas which it is intended shall be comprehensively developed, taking into full account the situation of the areas to be condemned under the current slum clearance programme.

From the consultations which have taken place, a phasing programme is being prepared on which it should be possible for the Housing Management Committee to develop an effective scheme of patching or renovation, depending on potential life and allowing for any demolitions in due turn as is the case with Redevelopment Areas. Progress has already been made in this direction and substantial repairs, with some improvements, have been effected to houses in some Clearance Areas lying outside the Redevelopment Areas. It is intended that this process shall be continued systematically for such time as may be necessary.

Although it is to be regretted that the radical remedy of demolition and replacement of unfit houses cannot at present be accomplished as originally envisaged by the Housing Acts, it is pleasing to record that the patching and renovation schemes have had a beneficent effect in return for an average expenditure, up to 1957, of £240 per house. Tenants have shown real appreciation of the cleansing and decoration which usually form part of a renovation operation. The improvement in conditions in these areas was gradual at first, but now the nature of the change is fully evident in substantial areas, whole blocks having been renovated.

Staff

The duties of the specialist Housing Section of the Department are, in general, carried out by five district housing inspectors and their staffs, who inspect and report on all houses dealt with under the slum clearance programme. The district inspectors are personally responsible for the details upon which are based the statements of the principal grounds upon which the Local Authority base their opinion that each of the houses concerned is unfit for human habitation. They often have to appear at Public Local Housing Inquiries to give personal evidence in support of this contention.

The chief draughtsman and his three assistants are heavily engaged in the very considerable amount of plan preparation and survey arising from the present massive clearance programme.

Overcrowding investigations and reports are carried out by five clerk enumerators, who also give general assistance to the district inspectors under whose supervision each of them works.

The duties of the clerical staff are important and critical. Apart from the obvious duties relating to reports and correspondence, they maintain registers and records which give details of occupancy of well over 300,000 houses and full details, in readily available form, of every house and area in respect of which action is contemplated or is known to be likely. The chief clerk inevitably has to be charged with considerable administrative responsibility, including that of securing effective synchronisation of action and liaison with other departments.

General supervision is exercised by two divisional inspectors who also co-ordinate and advise, and who frequently have to carry out personal inspections when critical decisions are being made.

Owing to the increasing scope of slum clearance operations, information is freely sought by tenants, agents, owners and prospective purchasers, this being in addition to information given in response to searches in the Land Charges Register. The following is an estimate of such enquiries during 1957, based on actual records for the period 1st March to 31st December.

	<i>Enquiries</i>	<i>No. of houses</i>
By telephone	1,565	5,025
By call at counter at 67, Broad Street ...	1,572	2,804
By letter	2,382	6,965
	<hr/>	<hr/>
	5,519	14,794
	<hr/>	<hr/>

In some cases sufficient information may already be available in office records, e.g. Areas represented but not yet covered by a Clearance or Compulsory Purchase Order. In a substantial proportion of these cases, however, a visit to the house is necessary, usually by a senior officer because of the importance of giving an opinion which is not likely to be reversed at a later date. The load on the Housing Section is a heavy one, but there is no doubt that this service is appreciated and is of real use to the applicants.

Mere numbers give no just indication of work carried out as difficult individual cases may involve effort well in excess of that expended on units comprising many houses but involving no special difficulty in judgment.

Inspections

Inspections or surveys under Parts II and III of the Housing Acts, 1936 and 1957	19,166
Inspections or enumerations concerning overcrowding and permitted numbers	...	...	...	...	...	...	13,050
Miscellaneous visits, including liaison with other departments	...						190

New Houses

During the year 3,332 houses were built, 2,516 (75.5%) by the Corporation and 816 (24.5%) by private enterprise. In addition 91 more dwellings were provided by conversion into flats, 78 by private enterprise and 13 by the Corporation. The gross yield of new dwellings during the year was, therefore, 3,423 houses and flats.

The City Engineer and Surveyor and the City Architect have kindly supplied these figures and also the fuller information set out below covering the period from the end of the 1914-18 war.

NUMBER OF HOUSES ERECTED

<i>Year</i>	<i>By Private Enterprise</i>	<i>By Corporation</i>	<i>Government Temporary Bungalows</i>	<i>Total</i>
1919—1935	32,174	42,337	—	74,511
1936	6,926	2,285	—	9,211
1937	7,662	2,643	—	10,305
1938	7,804	3,003	—	10,807
1939	5,178	1,413	—	6,591
1940	1,183	302	—	1,485
1941	181	10	—	191
1942	26	63	—	89
1943	5	35	—	40
1944	37	2	—	39
1945	25	6	325	356
1946	550	413	1,475	2,438
1947	667	826	1,333	2,826
1948	470	1,400	*1,492	3,362
1949	470	1,227	—	1,697
1950	671	2,016	—	2,687
1951	555	3,467	—	4,022
1952	765	4,744	—	5,509
1953	781	4,006	—	4,787
1954	918	3,005	—	3,923
1955	848	3,010	—	3,858
1956	746	2,561	—	3,307
1957	816	2,516	—	3,332
	<hr/> 69,458 <hr/>	<hr/> 81,290 <hr/>	<hr/> 4,625 <hr/>	<hr/> 155,373 <hr/>

*Programme completed.

The figures in the above table relate only to new houses and do not include numbers of houses rebuilt after war damage nor flats provided by the subdivision of larger houses.

No applications under Section 4 of the Housing Act, 1949, relating to the acquisition, repair or improvement of privately owned houses were received by the City Engineer and Surveyor during the year, but 818 applications by owner-occupiers for Improvement Grants under Sections 20-30 of the Act were approved in addition to those by private landlords mentioned on page 279.

Slum Clearance — Housing Act, 1936

Housing Repairs and Rents Act, 1954

Housing Act, 1957

The programme submitted to the Minister of Housing and Local Government in 1955 covered a total of 50,250 houses, about one half of which were already in Corporation ownership under the Redevelopment Scheme. It was proposed that, of the 25,000 houses outside the Redevelopment Areas and mostly in private ownership, 18,000 should be officially represented within the five year period, leaving 7,000 to be dealt with subsequently along with any other houses which may, by that time, have so fallen in standard as to merit clearance action. During the year 2,671 houses were officially represented: 2,594 in Clearance Areas, 73 under the sections relating to individual demolitions and 4 for Closing Orders. This brought the totals under the current programme to 8,490 in Clearance Areas, 212 for individual demolition and 14 for closing, or 8,716 in all, leaving 9,284 houses to be represented to complete the first instalment of 18,000 houses.

Because of the lack of new houses to replace condemned dwellings, individual representation with a view to early demolition is restricted to those houses where, owing to some critical condition or combination of circumstances, there is no reasonable alternative to actual demolition with consequent rehousing. Each individual case is carefully reviewed by the Housing Management Committee who examine the possibilities of alternatives to demolition, such as purchase and retention with proper repair. In all cases the owners concerned are invited to attend the Committee to show cause why Demolition Orders should not be made and there is due provision in the Housing Acts for appeal to the County Court if owners wish to object to any Demolition or Closing Orders made by the Local Authority. One alternative to a Demolition Order is an undertaking not to use the premises in future for human habitation unless it is rendered fit to the approval of the Local Authority. Applications for such undertakings are, however, fraught with difficulty as the houses now being dealt with individually are often very badly built and are unsuitable for other use. In some cases individual action has been stimulated by symptoms of impending collapse.

The following table gives particulars of individual action taken under the Housing Acts during the year. From 1st September, 1957, action was taken under the amending Sections of the Housing Act, 1957, but for convenience in this table the provisions in the earlier Acts are quoted throughout.

PROCEEDINGS UNDER SECTIONS 11 AND 13 OF THE HOUSING ACT, 1936

1. Number of houses in respect of which Official Representations were made	73
2. Number of houses in respect of which Undertakings under Section 11 (3) were accepted :	
(a) Not to Use for Human Habitation	1
(b) To carry out Works to Render Fit for Human Habitation	Nil
3. Number of houses in respect of which Demolition Orders were made	42
4. Number of Houses Demolished :	
(a) In pursuance of Demolition Orders	17
(b) After the making of Closing Orders under Section 12 of the Housing Act, 1936... ..	5
(c) After the making of Closing Orders under Section 10—Local Government (Misc. Prov.) Act, 1953	Nil
(d) After an Undertaking Not to Use for Human Habitation had been accepted... ..	9
(e) After representation and prior to the making of Demolition Orders	3
5. Number of houses Rendered Fit for Human Habitation following an Undertaking under Section 11 (3) ...	1
6. Number of houses in respect of which Closing Orders under Section 10—Local Government (Misc. Prov.) Act, 1953, were made	3
7. Number of houses which the Authority determined to purchase under Section 3 of the Housing Repairs and Rents Act, 1954	Nil
8. Number of Demolition Orders revoked pursuant to Section 5 of the Housing Repairs and Rents Act, 1954	1

PROCEEDINGS UNDER SECTION 12 OF THE HOUSING ACT, 1936

1. Number of parts of buildings, separate tenements or underground rooms in respect of which Official Representations were made	4
2. Number of parts of buildings or underground rooms in respect of which Closing Orders were made	3
3. Number of parts of buildings or underground rooms in respect of which Closing Orders were determined	Nil

Total number of houses dealt with under Sections 11 and 12 of the Housing Act, 1936, during 1957	77
Total number of houses dealt with under Sections 11 and 12 of the Housing Act, 1936, up to December 31st, 1956 (since September 1939)	1,412
TOTAL at 31st December, 1957	<u>1,489</u>

The majority of the houses dealt with during the year were included in Clearance Areas represented under Part III of the Housing Act. The programme as now outlined includes only those houses which clearly fall well below the line dividing the fit from the unfit. For this reason it may so happen that a block of property, mixed in character, has, for the purpose in view, to be divided into a number of irregular separated areas varying considerably in size. This procedure is, by reason of the provisions of the Housing Acts, unavoidable, and leads to heavy and arduous work involving, as it does, separate Orders for each individual Clearance Area, with the further complication that small Areas within a larger block may be subject to Orders dealt with at more than one Public Inquiry.

When a Clearance Area is represented, the Authority may, if satisfied of the truth of the official representation, deal with it in two principal ways, by Clearance Order or by a Compulsory Purchase Order, the latter allowing for purchase by agreement if the owners are willing to sell. During the year action has normally been by Compulsory Purchase Order. Under both types of Order, owners have the right to lodge an objection with the Minister of Housing and Local Government, who then convenes an Inquiry at which each objecting owner is entitled to be heard. If the objection is on the grounds that a house is not unfit for human habitation, the Authority must serve upon him, well in advance of the Inquiry date, a statement of the principal grounds for contending that the house is unfit. These objections give rise to contests, often vigorous, on the issues of fitness, and the Inspector holding the Inquiry then personally visits the house and furnishes the Minister with a report prepared as a result of personal observation. Because of the low standard of the houses included in Clearance Areas there has been little doubt about ultimate confirmation of the opinion of unfitness.

Vigorous opposition on another issue has, however, been experienced in relation to Clearance Areas lying in districts zoned for industry. Opponents to the Orders have, in general, agreed that the houses, as houses, are unfit for human habitation and have based their objections on the proposal of the Corporation to buy the land outright, urging that the Authority should apply a provision of the Housing Act which allows them to accept a lease of the houses for such time as they may be continued in occupation. The Minister, who is the confirming authority, has viewed some of these submissions with favour and has postponed final decision in order to allow the owners and the Corporation to examine the possibility of agreement on the terms of a lease. Because of a number of reasons, one being complications arising from multiple ownership, delays have been protracted and have given rise to a situation decidedly undesirable from a public health point of view. The houses represented have been frankly admitted to be of low standard and are often in acute disrepair. Action for the abatement of nuisance may legally be taken by the Chief Public Health Inspector, but owners faced by the early loss

of their houses seek to cut down to the barest minimum what they regard as unremunerative expenditure. Many Areas are so affected, some being amongst those represented in 1955 but not yet confirmed. Powerful representations on this problem have been made to the Minister as a result of which the situation may improve.

During the year seven Public Inquiries were held covering 4,035 houses. Fuller experience has been gained of the procedure governing the approval of payments in respect of good maintenance. A person who claims that he is entitled to additional compensation in respect of a house which, though unfit is well maintained, is now required to lodge a formal claim to this effect. The decision to award such an extra payment lies not with the Corporation but with the Minister, who is advised by the Inspector holding an Inquiry as a result of his personal visit. In appropriate cases this procedure works well, but it has been noted that claims for good maintenance have been lodged in respect of many houses in a state of advanced dilapidation. The number of houses dealt with at successive inquiries varies considerably. The following lists show progress in three stages, viz. Official Representation, Public Local Inquiry and Confirmation :—

The following Clearance Areas were officially represented during 1957 on the dates set out :—

<i>Title of Clearance Area</i>			<i>No. of Houses</i>	<i>Date of Representation</i>
Gooch Street C.A. (No. 1), 1957	...	...	5	15/1/57
Gooch Street C.A. (No. 2), 1957	...	...	18	15/1/57
Gooch Street C.A. (No. 3), 1957	...	...	5	15/1/57
Kent Street C.A., 1957	...	...	54	15/1/57
Main Street C.A., 1957	...	...	33	15/1/57
Booth Street C.A. (No. 1), 1957	...	...	53	15/1/57
Booth Street C.A. (No. 2), 1957	...	...	23	15/1/57
Northwood Street C.A., 1957	...	...	11	19/2/57
Sandy Lane, Camp Hill C.A. (No. 2), 1957	...	...	23	19/2/57
Sandy Lane, Camp Hill C.A. (No. 3), 1957	...	...	3	19/2/57
Church Lane, Aston C.A. (No. 1), 1957	...	...	19	19/2/57
Church Lane, Aston C.A. (No. 2), 1957	...	...	6	19/2/57
Garrison Lane C.A. (No. 1), 1957	...	...	34	19/2/57
Garrison Lane C.A. (No. 2), 1957	...	...	33	19/2/57
Park Lane, Aston C.A. (No. 1), 1957	...	...	18	19/2/57
Park Lane, Aston C.A. (No. 2), 1957	...	...	36	19/2/57
Park Lane, Aston C.A. (No. 3), 1957	...	...	33	19/2/57
Park Lane, Aston C.A. (No. 4), 1957	...	...	9	19/2/57
Park Lane, Aston C.A. (No. 5), 1957	...	...	169	19/2/57
Upper Sutton Street C.A. (No. 1), 1957	...	...	11	19/2/57
Upper Sutton Street C.A. (No. 2), 1957	...	...	7	19/2/57

<i>Title of Clearance Area</i>	<i>No. of Houses</i>	<i>Date of Representation</i>
Chapel Street, Handsworth C.A. (No. 1), 1957	123	19/3/57
Chapel Street, Handsworth C.A. (No. 2), 1957	20	19/3/57
Booth Street C.A. (No. 3), 1957	4	19/3/57
Booth Street C.A. (No. 4), 1957	5	19/3/57
Booth Street C.A. (No. 5), 1957	12	19/3/57
Watt Street C.A., 1957	16	19/3/57
Hazelwell Street C.A., 1957	13	19/3/57
Silver Street, Kings Heath C.A., 1957	8	19/3/57
Highgate Road C.A., 1957	7	19/3/57
Baker Street, Small Heath C.A., 1957	5	19/3/57
Cattell Road C.A. (No. 1), 1957	11	16/4/57
Cattell Road C.A. (No. 2), 1957	99	16/4/57
Templefield Street C.A., 1957	2	16/4/57
Wenman Street C.A., 1957	4	16/4/57
Church Lane, Aston C.A. (No. 3), 1957	9	16/4/57
Birchall Street C.A., 1957	15	16/4/57
Cattell Road C.A. (No. 3), 1957	163	16/4/57
Bordesley Green C.A. (No. 1), 1957	11	16/4/57
Bordesley Green C.A. (No. 2), 1957	19	16/4/57
Bordesley Green C.A. (No. 3), 1957	6	16/4/57
Bordesley Green C.A. (No. 4), 1957	2	16/4/57
Alma Crescent C.A., 1957	8	4/6/57
Highgate Road C.A. (No. 2), 1957	9	4/6/57
Hockley Hill C.A., 1957	39	4/6/57
Holborn Hill C.A. (No. 1), 1957	49	4/6/57
Holborn Hill C.A. (No. 2), 1957	14	4/6/57
Butlin Street C.A. (No. 1), 1957	10	4/6/57
Butlin Street C.A. (No. 2), 1957	6	4/6/57
Long Acre C.A., 1957	4	4/6/57
Mount Street, Nechells C.A. (No. 2), 1957	6	4/6/57
Nechells Park Road C.A., 1957	6	4/6/57
Johnson Street C.A., 1957	116	4/6/57
Trevor Street C.A., 1957	5	4/6/57
Aberdeen Street C.A. (No. 1), 1957	292	16/7/57
Aberdeen Street C.A. (No. 2), 1957	22	16/7/57
Cattell Road C.A. (No. 4), 1957	80	15/10/57
Greenway Street C.A. (No. 1), 1957	41	15/10/57
Greenway Street C.A. (No. 2), 1957	18	15/10/57
Gordon Street, Bordesley Green C.A., 1957	18	15/10/57
Witton Street C.A., 1957	15	15/10/57
Hallam Street C.A., 1957	28	15/10/57
Brighton Road, Sparkbrook C.A., 1957	4	15/10/57
Hawkes Street C.A., 1957	8	15/10/57
Grange Road, Small Heath C.A., 1957	42	15/10/57
Bolton Road C.A., 1957	71	15/10/57
Upper Trinity Street C.A., 1957	22	15/10/57
Aston Church Road C.A. (No. 1), 1957	12	15/10/57
Aston Church Road C.A. (No. 2), 1957	2	15/10/57
Aston Church Road C.A. (No. 3), 1957	23	15/10/57

<i>Title of Clearance Area</i>	<i>No. of Houses</i>	<i>Date of Representation</i>
Nechells Park Road C.A. (No. 2), 1957	4	15/10/57
Austin Street C.A., 1957	130	15/10/57
Cook Street C.A. (No. 2), 1957	7	15/10/57
Louise Road C.A., 1957	67	15/10/57
Albion Road, Greet C.A., 1957	83	15/10/57
Lincoln Street C.A., 1957	161	17/12/57
Mary Street, Balsall Heath C.A. (No. 2), 1957	8	17/12/57
Edward Road, Balsall Heath C.A. (No. 1), 1957	2	17/12/57
Edward Road, Balsall Heath C.A. (No. 2), 1957	5	17/12/57
TOTAL	2,594	

The following Orders were the subject of Public Inquiry during the year :—

<i>Title of Order</i>	<i>Date of Inquiry</i>	<i>No. of Houses</i>
Sandy Lane, Camp Hill Hsg. C.P.O., 1956	January 16th, 17th & 18th, 1957	57
Ellen Street Hsg. C.P.O., 1956	" "	194
Floodgate Street Hsg. C.P.O., 1956	" "	25
Ford Street Hsg. C.P.O., 1956	" "	195
Princip Street Hsg. C.P.O., 1956	" "	15
Park Road, Hockley Hsg. C.P.O. (No. 2), 1956	May 14th & 15th, 1957	109
South Road, Sparkbrook Hsg. C.P.O., 1956	" "	107
Parker Street Hsg. C.P.O., 1956	" "	237
Piddock Street Hsg. C.P.O., 1956	" "	133
Heaton Street Hsg. C.P.O., 1956	" "	172
Rushey Lane Hsg. C.P.O., 1956	" "	9
Ellen Street Hsg. C.P.O. (No. 2), 1956	" "	59
Ellen Street Hsg. C.P.O. (No. 3), 1956	" "	85
Charles Henry Street Hsg. C.P.O., 1956	" "	10
Hingeston Street Hsg. C.P.O., 1956	June 12th, 1957	324
Devon Street Hsg. C.P.O., 1956	" "	47
Somerset Street Hsg. C.P.O., 1957	July 24th & 25th, 1957	261
Icknield Port Road Hsg. C.P.O. (No. 4), 1957	" "	28
Carrington Road Hsg. C.P.O., 1957	" "	160
Wainwright Street Hsg. C.P.O., 1957	" "	8
Lawley Street Hsg. C.P.O., 1957	" "	6
Winson Street Hsg. C.P.O., 1957	" "	24
Heath Street Hsg. C.P.O. (No. 1), 1957	" "	16

<i>Title of Order</i>	<i>Date of Inquiry</i>	<i>No. of Houses</i>
Heath Street Hsg. C.P.O. (No. 2), 1957	July 24th & 25th, 1957,	15
Kenyon Street Hsg. C.P.O., 1957	" "	42
Upper Portland Street Hsg. C.P.O., 1957	" "	9
New Spring Street Hsg. C.P.O., 1957	September 10th, 11th, 12th & 13th, 1957	175
Catherine Street Hsg. C.P.O., 1957	" "	99
Heath Street Hsg. C.P.O. (No. 3), 1957	" "	33
Clifton Road, Balsall Heath Hsg. C.P.O., 1957	" "	24
Branston Street Hsg. C.P.O. (No. 2), 1957	" "	53
Spencer Street Hsg. C.P.O., 1957	" "	37
Brearley Street, Handsworth Hsg. C.P.O., 1957	" "	66
Herbert Road, Small Heath Hsg. C.P.O. (No. 1), 1957	" "	3
Coventry Road Hsg. C.P.O., 1957	" "	4
Gooch Street Hsg. C.P.O. (No. 1), 1957	" "	5
Kent Street Hsg. C.P.O., 1957	" "	54
Goode Street Hsg. C.P.O., 1957	October 29th, 30th & 31st, 1957	181
Tilton Road Hsg. C.P.O., 1957	" "	194
Lichfield Road Hsg. C.P.O. (No. 2), 1957	" "	79
Heath Street Hsg. C.P.O. (No. 4), 1957	" "	248
Heath Street Hsg. C.P.O. (No. 5), 1957	" "	8
Cuthbert Road Hsg. C.P.O., 1957	" "	62
Gooch Street Hsg. C.P.O. (No. 2), 1957	" "	23
Booth Street Hsg. C.P.O. (No. 2), 1957	" "	23
Church Lane, Aston Hsg. C.P.O. (No. 1), 1957	" "	19
Heath Street Hsg. C.P.O. (No. 6), 1957	November 26th & 27th, 1957	150
Herbert Road, Small Heath Hsg. C.P.O. (No. 3), 1957	" "	17
Herbert Road, Small Heath Hsg. C.P.O. (No. 4), 1957	" "	31
Main Street Hsg. C.P.O., 1957	" "	33
Northwood Street Hsg. C.P.O., 1957	" "	11
Sandy Lane, Camp Hill Hsg. C.P.O. (No. 2), 1957	" "	23
Garrison Lane Hsg. C.P.O. (No. 2), 1957	" "	33
		<hr/> 4,035 <hr/>

The following Orders and Areas were confirmed by the Minister during the year :—

<i>Title of Order or Area</i>	<i>No. of Houses</i>	<i>Date of Confirmation</i>
Skinner Lane C.O., 1957	28	12th Dec., 1957
George Street West Hsg.C.P.O., 1956	69	21st Feb., 1957
Park Road, Hockley Hsg.C.P.O. (No. 1), 1956	4	26th Apr., 1957
Park Road, Hockley Hsg.C.P.O. (No. 2), 1956	109	23rd Aug., 1957
Park Road, Hockley C.O. (No. 1), 1956	36	23rd Aug., 1957
Newhall Hill C.O., 1957	2	24th July, 1957
Vittoria Street, St. Pauls C.O., 1957	10	20th Dec., 1957
Sloane Street C.O. (No. 1), 1957	15	20th Dec., 1957
Sloane Street C.O. (No. 2), 1957	22	31st Dec., 1957
Cato Street North Hsg.C.P.O., 1956	33	25th Jan., 1957
Sherlock Street C.O. (No. 1), 1957	19	13th Dec., 1957
Sherlock Street C.O. (No. 2), 1957	4	20th Dec., 1957
Moseley Street C.O., 1957	18	20th Dec., 1957
Bishop Street C.O. (No. 1), 1957	27	13th Dec., 1957
Bishop Street C.O. (No. 2), 1957	96	13th Dec., 1957
South Road, Sparkbrook Hsg.C.P.O., 1956	107	6th Aug., 1957
George Street West Hsg.C.P.O. (No. 2), 1956	14	6th Mar., 1957
Parker Street Hsg.C.P.O., 1956	231	9th Aug., 1957
Monument Retreat Hsg.C.P.O., 1956	4	6th Mar., 1957
Monument Road Hsg.C.P.O., 1956	4	16th April, 1957
Bordesley Park Road Hsg.C.P.O., 1956	51	6th Mar., 1957
Hooper Street Hsg.C.P.O. (No. 2), 1956	16	6th Mar., 1957
Whitehouse Street Hsg.C.P.O. (No. 2), 1956	6	29th Mar., 1957
Ford Street Hsg.C.P.O., 1956	193	28th May, 1957
Piddock Street Hsg.C.P.O., 1956	132	8th Aug., 1957
Heaton Street Hsg.C.P.O., 1956	158	11th Oct., 1957
Princip Street C.O., 1957	15	13th Dec., 1957
Hingeston Street Hsg.C.P.O., 1956	324	15th Aug., 1957
Ellen Street Hsg.C.P.O. (No. 2), 1956	59	31st July, 1957
Ellen Street Hsg.C.P.O. (No. 3), 1956	85	31st July, 1957
Witton Road Hsg.C.P.O., 1957	8	16th Aug., 1957
Dollman Street C.A., 1956	8	6th Dec., 1957
Cathcart Street C.A., 1956 (part)	4	6th Dec., 1957
Cook Street Hsg.C.P.O., 1957	6	2nd Aug., 1957
Dugdale Street C.A., 1956	28	6th Dec., 1957
Moseley Road C.A., 1956	8	6th Dec., 1957
Spring Road, Tyseley C.A., 1956	12	22nd Jan., 1957
Devon Street C.A., 1956	19	25th Jan., 1957
(Corporation owned portion only)		
Somerset Street Hsg.C.P.O., 1957	261	16th Dec., 1957
Icknield Port Road Hsg.C.P.O. (No. 5), 1956	78	9th July, 1957
Icknield Port Road Hsg.C.P.O. (No. 6), 1956	18	31st July, 1957
Allcock Street Hsg., C.P.O., 1957	18	10th Oct., 1957
Carrington Road Hsg.C.P.O., 1957	160	28th Oct., 1957
Moseley Road Hsg.C.P.O. (No. 2), 1957	24	24th July, 1957
Ravenhurst Street Hsg.C.P.O., 1957	3	2nd Aug., 1957
Wainwright Street C.O., 1957	8	13th Dec., 1957
Mount Street, Nechells Hsg.C.P.O., 1957	6	6th Aug., 1957
Malvern Hill Road Hsg.C.P.O., 1957	6	20th Sept., 1957
Grove Road, King's Heath Hsg.C.P.O., 1957	31	25th Sept., 1957

<i>Title of Order or Area</i>	<i>No of Houses</i>	<i>Date of Confirmation</i>
Lichfield Road Hsg.C.P.O. (No.1), 1957	25	2nd Aug., 1957
Upper Portland Street Hsg.C.P.O., 1957	9	16th Oct., 1957
Tudor Street Hsg.C.P.O., 1957	26	6th Aug., 1957
Hall Street C.O., 1957	10	19th Nov., 1957
Mary Street, Balsall Heath Hsg.C.P.O., 1957	10	2nd Aug., 1957
Bristol Road, Selly Oak Hsg.C.P.O., 1957	27	8th Nov., 1957
Herbert Road, Small Heath C.A. (No. 2), 1956 (Corporation owned portion only)	2	11th April, 1957
Herbert Road, Small Heath Hsg.C.P.O. (No.2), 1957	3	2nd Aug., 1957
Church Lane, Aston Hsg.C.P.O. (No. 2), 1957	6	3rd Oct., 1957
Park Lane, Aston Hsg.C.P.O. (No. 4), 1957	9	26th Nov., 1957
Upper Sutton Street Hsg.C.P.O. (No. 1), 1957	11	3rd Oct., 1957
Upper Sutton Street C.A. (No. 2), 1957 (Corporation owned portion only)	1	31st July, 1957
Hockley Hill C.A., 1957 (Corporation owned portion only)	23	6th Dec., 1957
Holborn Hill C.A. (No. 1), 1957 (Corporation owned portion only)	2	6th Dec., 1957
	<hr/> 2,761 <hr/>	

Central Redevelopment Clearance Area Acquisitions

During the year two more houses and one business establishment which is also a dwelling were acquired by the Corporation in the areas covered by the Birmingham (Central Redevelopment) Compulsory Purchase Order, 1946. This brings the totals which have been acquired to 27,863 dwellinghouses, 2,120 shops and dwellings and 146 business premises and dwellings leaving only 59 dwellinghouses, 61 shops and dwellings and 25 business premises and dwellings to be acquired at a future date.

The work of actual redevelopment has proceeded well and new communities are being established in modern buildings on the sites formerly occupied by closely packed slum houses. Necessary site clearance, together with losses due to critical deterioration, resulted in the inevitable vacation of 1,126 houses. Including some houses vacated in earlier years, 1,150 houses were actually demolished, whilst at the end of the year 779 were standing " void pending demolition." At the end of the year 21,001 houses were under the management of the Housing Management Committee.

The diminution in the number, in the Redevelopment Areas, of houses which, though unfit, have to be maintained by the Housing Management Committee, has been more than counterbalanced by the transfer of ownership and management to that Committee of 2,975 extremely low grade houses in Clearance Areas which have been purchased under the slum clearance programme.

The experience gained in Redevelopment operations under extremely difficult conditions is now proving to be exceptionally valuable, although the Clearance Area houses recently taken over are probably worse in condition than any equal batch of 3,000 or so selected at random from amongst those taken over under the original Redevelopment Scheme. It will probably prove possible to carry out future operations on the lines now well established, but costs may, for at least a year or two, prove to be somewhat higher because of the extent of serious dilapidation, coupled with, in some instances, congestion and faulty original construction. This difficulty is likely to be especially noticeable when management is assumed of houses in Areas which have been left standing in abeyance because of difficulties, mentioned above, which have delayed the promulgation and operation of confirming Orders.

The block repair scheme, reported on more fully in previous reports, was applied to 1,768 houses during the year as compared with 1,752 in 1956. Some work under that scheme has already been carried out by direct labour, under the control of the Housing Management Committee, on properties of the very lowest grade. Although these operations have not yet been completed there is ample evidence that direct control gives more flexibility and a better standard of work when extreme deterioration has to be rectified. The block repair scheme, applied systematically, has of course had to be supplemented by constant attention to day-to-day maintenance and, except for two pending cases, internal water supplies have now been laid in all houses with the exception of 188 where tenants have refused this amenity.

Mr. J. P. Macey, the Housing Manager, has kindly supplied the following information :—

The figures quoted include properties acquired under the 1946 Compulsory Purchase Order and under the 1954/7 Acts :—

1. (a)	Number of houses renovated during 1957	...	...	1,768
(b)	Total number of houses renovated up to 31st December, 1957 :			
	Within Redevelopment Areas	...	...	14,026
	In acquired Clearance Areas	...	...	174
	TOTAL	...		<u>14,200</u>
(c)	Number of houses at which renovation was in progress at 31st December, 1957	...	...	1,110
(d)	Number of houses in respect of which repair schedules or contracts were prepared or were in course of preparation at 31st December, 1957	...	...	1,220
2.	Average cost of renovation per house up to 1957	...	...	£240
3.	Average number of initial tenants' complaints per week during 1957	...	...	1,700

Progress in systematic repair is shown by the following figures which give the number of houses dealt with per annum :—

1948	...	799	1952...	...	980	1956...	...	1,752
1949	...	802	1953...	...	1,470	1957...	...	1,768*
1950	...	1,259	1954...	...	1,395			
1951	...	2,340	1955...	...	1,635			

*This includes properties in the new slum clearance areas.

Overcrowding

The Registrar-General's mid-year estimate of population shows a decrease of 7,800 persons compared with 1956. Figures relating to new house building and known demolitions show an increase of 2,001 in the number of dwellings. From this it ought to follow that there has been slight easement in the housing situation but the day-to-day experience of officers in contact with tenants and lodgers does not reflect this implied improvement. This is not surprising, since the attention of officials is generally directed to bad cases, not to those families who have been able to move to better conditions.

There is constant evidence of maldistribution. The lack of structurally separate houses creates a demand which is answered by the subletting of large old houses and a high proportion of the cases brought to notice occur in this type of accommodation.

Positive preventive action is possible in certain selected cases, those in which the Housing Manager has arranged the transfer from a house let to more than one family. Due advice of pending transfer is followed by a visit by an enumerator from the Housing Section who obtains all occupancy particulars of the sublet house. If, as is frequently the case, the family to be transferred or, in fact, other families within the house are overcrowded, a formal letter is delivered to the principal tenant, or the landlord, drawing attention to existing overcrowding and giving full information about Part IV of the Housing Act, 1957, by means of a pamphlet dealing fully with the subject ; 556 such letters were sent in 1957. All such cases are followed up periodically to prevent recrowding. Of the 1,499 cases referred for examination prior to rehousing, 557 were found to be statutorily overcrowded.

In addition, the Department constantly endeavours to make widely known the requirement that every rent book or similar document used in relation to a dwellinghouse by, or on behalf of, the landlord shall contain a summary in prescribed form of the provisions of certain Sections of the Housing Act, 1957, and also a statement of the number of persons permitted to occupy the house. It is the duty of the Local Authority upon the application of the landlord, or the occupier, to inform the applicant in writing of the "permitted number" of persons relating to the house. During the year certificates of "permitted numbers" were supplied—1,283 to owners of private houses and 4,989 to the Housing

Manager—a total of 6,272. These certificates involved measurement, or a check of existing records in each case.

The points scheme operated by the Housing Management Department continues to afford relief to severely overcrowded families. Points are awarded for overcrowding as well as for almost every factor relating to housing need and lack of amenities. Reference is made to the Public Health Department in respect of sanitary conditions or illness, each applicant's case being fully investigated by the medical or inspectorial staff, in conjunction where necessary, the final recommendations resulting in an appropriate award of points. (See also page 177).

The following figures, prepared by Mr. Macey, the Housing Manager help towards a fuller appreciation of the position :—

No. of dwellings available for letting during the year	5,070
No. of families rehoused during the year (including 62 rehoused by Housing Associations and 157 rehoused under overspill transfer)	5,904
No. of housing tenancies in rent at end of year :	
(a) Excluding Redevelopment Areas	88,548
(b) Redevelopment Areas	21,001
No. of applicants registered on housing list at 31st December, 1957	67,316

PUBLIC HEALTH INSPECTION

Staff

The inspectorial staff remains much below the establishment fixed in 1950, despite many increased duties. During the year, five out of the six pupils were successful in passing the examination of the newly formed Public Health Inspectors' Education Board, and all were absorbed into the staff, with the exception of one, who was called up, being eligible for National Service. The number of qualified inspectors on the staff at the end of the year was one less than last year despite the fact that one superannuitant was re-engaged for a further period of twelve months. Four members of the district staff left to take up other appointments and one member died. The actual strength of inspectors on district duties at the end of the year was :—

District Inspectors	...	...	...	...	...	...	...	10
Assistant District Inspectors	...	...	...	...	...	...	...	16
Public Health Inspectors	...	...	...	...	...	...	...	14
Pupil Public Health Inspectors	...	...	...	...	...	...	...	33

The duties under the Prevention of Damage by Pests Act, 1949, the Shops Act, 1950, the inspection of canal boats and water sampling are carried out by inspectors who specialise in these branches of the work.

The pupil scheme was again relied upon to supply the newly qualified men as there were no qualified inspectors recruited from other authorities. Two second year pupils resigned but, in September, four new entrants, including one young lady, were appointed to start the first year of the course, and two partly qualified pupils were started in the third year of the course.

The pupil strength at 31st December was as follows :—

<i>Year</i>	<i>Year to qualify</i>	<i>Number of Pupils</i>	<i>Number eligible for National Service after qualifying</i>
First year	... 1961	4	2
Second year	... 1960	9	4
Third year	... 1959	11	6
Fourth year	... 1958	13	7

Of the 13 pupils who will have completed their training, only 11 will be eligible to sit for the qualifying examination, as two of them will not have reached the age of 21 years, the lowest age at which a candidate may sit the examination.

Inspections

The total visits made by the inspectorial staff on the districts was 171,598. This includes 35,685 visits made by pupils under instruction who visited premises whilst accompanying a qualified inspector.

Comparative figures for recent years are as follows :—

<i>Year</i>	...	...	...	...	...	...	...	...	<i>Visits</i>
1953	...	...	...	...	...	...	...	...	159,945
1954	...	...	...	...	...	...	...	...	164,536
1955	...	...	...	...	...	...	...	...	180,825
1956	...	...	...	...	...	...	...	...	186,796
1957	...	...	...	...	...	...	...	...	171,598

The year began quietly, with weather conditions kind to the property owner, there were fewer complaints of leaking roofs, burst pipes and damp walls than in previous years. The lull was not to last long, for, with the introduction of the Rent Act, 1957, and the complicated procedure to be followed by tenants who were desirous of repairs being carried out to the properties they occupied, the Department became extremely busy dealing with enquiries from both landlords and tenants. The pressure continued to the end of the year and, despite the fact that no additional inspectorial staff was recruited for the work, the Department was substantially up-to-date with inspections, but fell sadly in arrears with the clerical work, due to the sudden and heavy increase of typing and recording work imposed by the necessity to follow the Rent Act procedure. The response by the staff to this sudden increase of work was admirable and only by working overtime and under continuous pressure for many months, has it been possible to prevent the situation from becoming out of hand.

The total of visits by staff engaged on general district duties during 1957 is made up as follows :—

	<i>% of total</i>
House inspections	79,049 46·07
Inspections of food premises	8,532 4·91
Visits re infectious disease	2,580 1·50
Inspections of milk shops	3,052 1·78
Visits to school premises	154 0·09
Visits to second-hand dealers... ..	13 0·01
Inspections of outworkers' premises	1,905 1·11
Inspections of tents, vans and sheds	207 0·12
Inspections of stables and pigsties	702 0·41
Inspections of tips	374 0·22
Visits to burials, exhumations, etc.	16 0·01
Inspections of pleasure fairs and circuses	144 0·09
Visits re sampling of water	147 0·09
Visits re taking of rag flock samples... ..	96 0·06
Inspections of offensive trade premises	83 0·06
Inspections of factory premises	5,948 3·47
Inspections of surface air-raid shelters	121 0·07
Inspections of common lodging houses	227 0·13
Visits re taking of samples of prepared meat products for bacteriological examination	14 0·01
Inspections of premises re Town and Country Planning applications	1,203 0·71
Inspections of public houses	721 0·42
Inspections of agricultural units	28 0·02
Visits by pupils under instruction by qualified ins- pectors	35,685 20·80
Joint visits made by qualified inspectors	3,293 1·92
Other successful visits	12,393 7·22
Unsuccessful visits	13,897 8·10
Visits to general practitioners re explanation of delivery of poliomyelitis vaccine	893 0·52
Visits re lectures and demonstrations to visitors	121 0·08
	<u>171,598</u> <u>100·00</u>

Total visits made by inspectors, including those engaged on certain special duties :—

Visits by public health inspectors on district	...	171,598
Visits by Shops Act inspectors :		
Conditions in shops	... .. 13,485	
Hours of trading and special visits	... .. 10,137	
		<hr/>
		23,621
Visits by rodent control inspectors	... ..	14,280
		<hr/>
		209,499
		<hr/>

These separate totals as percentages of the whole are as follows :—

		%
District visits	... ..	81·9
Shops Act inspectors	... ..	11·3
Rodent control inspectors	... ..	6·8
		<hr/>
		100·0
		<hr/>

Infectious Disease

A total of 2,580 visits was made by inspectors in connection with enquiries into cases of food poisoning and certain infectious diseases. These visits included those made to obtain specimens for bacteriological examination to assist the Medical Officer of Health in his investigations.

House to House Inspections

As in 1956, owing to the shortage of experienced qualified inspectors, it was not possible to carry out inspections of houses by routine either under Section 9 of the Housing Act, 1957, or under the Public Health Act, 1936. Such visits as were made to houses were to investigate complaints or for the purpose of special investigations conducted by the Department.

Houses Let in Lodgings

The shortage of housing accommodation has resulted in a continued demand for furnished and unfurnished accommodation. The limited staff available for the purpose has not made it possible to carry out routine checks on houses known to be occupied in lodgings and neither has it been possible to inspect all premises suspected of being let in lodgings. The Department usually becomes aware of the presence of unsatisfactory conditions in houses let in lodgings when applications are made to the Housing Management Department for rehousing. When unsatisfactory conditions are found, appropriate action is taken within the powers now contained in Sections 36 and 90 of the Housing Act, 1957. The 1957 Act has virtually re-enacted the provisions of Sections 11 and 12 of the Housing Repairs and Rents Act, 1954, and experience has shown that these powers are not so effective in controlling unsatisfactory conditions

in houses let in lodgings as were those contained in the Byelaws made under the Housing Act, 1925, which were repealed by the Housing Repairs and Rents Act, 1954.

During the year a total of 991 visits of inspection were made to houses let in lodgings in the City and every effort has been made to improve conditions within the limited powers available to the Council.

It was necessary to institute legal proceedings in 25 cases in order to secure fitness for occupation by the number of persons occupying the premises and in three instances to reduce overcrowding. In some cases of overcrowding the Department was debarred from instituting legal proceedings to abate overcrowding, despite the fact that a notice had been served fixing the permitted number for the rooms in the house, because the person having control of the house let in lodgings had changed since the service of the notice.

Certificates of Disrepair

Until the 5th July applications from tenants for Certificates of Disrepair were received within the provisions of the Housing Repairs and Rents Act, 1954. Under that Act an increase of rent could only be made on fulfilment of certain conditions and few owners seemed to have taken advantage of the Act to increase their rents by putting the houses in a state of good repair.

The number of applications dealt with by the Department from 1st January to 5th July were as follows :—

				<i>1920 Act</i>	<i>1954 Act</i>
Applications for Certificates of Disrepair	...	...		19	26
Certificates of Disrepair granted	...	...	...	19	5
Certificates of Disrepair not warranted	...	...	...	—	1
Applications withdrawn by tenants	...	...	...	—	19
Applications for revocation of Certificates	...	...	...	6	26
Certificates of Disrepair revoked	...	...	...	—	24
Revocation rejected	...	...	...	—	2

It should be understood that there is some overlap in these figures, which is inevitable, since applications submitted in the month of December cannot be cleared until January of the following year.

					<i>1920 Act</i>	<i>1954 Act</i>
Total numbers of applications received from the passing of the Housing Repairs and Rents Act, 1954, until the relevant provisions were repealed by the Rent Act, 1957, were as follows	...	...	...	...	...	...
					177	421

The coming into force of the Rent Act, 1957, brought about great changes in the method of rent control which has existed in this country since the first legislation was passed in 1915. Properties having a rateable value of over £30 are to be decontrolled, and in the case of those properties remaining in control, a new method of assessment of the rent limit is laid down. A lengthy and complicated procedure must be

followed by a tenant in order to secure the abatement of rent should items of disrepair not receive the attention of the landlord in a reasonable time.

The first impact was felt by the staff of the Department toward the end of August when tenants began to apply for certificates of disrepair as their landlords had failed to give satisfactory undertakings to remedy items of disrepair set out by the tenants in their notices to the landlord. The Regulations prescribe numerous forms which must be used by the tenant and landlord and the Department very soon became a selling centre for these forms and an information bureau to both landlord and tenant on the procedure to be adopted under the Act. After an inspection of the house and before issuing a certificate of disrepair, the local authority is required to give notice of intention to the landlord. It was pleasing to note that in the majority of cases landlord and tenant reached agreement on the items of disrepair to receive attention and undertakings were given by the landlord. The number of certificates of disrepair actually issued to tenants was only 5.9% of the total number of applications received by the end of the year, but it must be emphasised that the procedure to be followed involves a considerable lapse of time, and after the Act has been in operation for about a year, it is anticipated that the percentage of certificates to applications received will be higher.

In accordance with the policy of the Health Committee a full inspection of the house is carried out in the case of every application received and, where warranted, an Abatement Notice is served under Section 93 of the Public Health Act, 1936, regardless of whether or not further action is called for under the Rent Act. This has resulted in landlords carrying out the more urgent and essential work shortly after the application for the certificate of disrepair and the less urgent items which may be covered by the landlord's undertaking have largely been carried out over a longer period. At the end of the year it was too early to judge the full implications of the working of the Rent Act, but it was pleasing to note that landlords were undertaking repairs to hot water systems and fencing and were carrying out external decoration, these being items which had been sadly neglected over a period of years.

Figures for the period 6th July to the end of the year are as follows :—

Part I—Applications for Certificates of Disrepair

1. Number of applications for certificates	...	...	...	1,482
2. Number of decisions not to issue certificates	...	...	...	4
3. Number of decisions to issue certificates	...	...	...	1,245
(a) in respect of some but not all defects	...	...	...	913
(b) in respect of all defects	...	...	...	332
4. Number of undertakings given by landlords under paragraph 5 of the First Schedule	...	...	...	375
5. Number of undertakings refused by Local Authority under proviso to paragraph 5 of the First Schedule	...	...	...	Nil
6. Number of certificates issued	...	...	...	87

Part II—Applications for Cancellation of Certificates

7. Applications by landlords to Local Authority for cancellation of certificates	...	...	...	...	...	...	15
8. Objections by tenants to cancellation of certificates...	...						7
9. Decisions by Local Authority to cancel in spite of tenant's objection	...	...	...	...	...	...	1
10. Certificates cancelled by Local Authority	...	...	...				5
Number of visits made under the Act	...	...					1,962
Number of re-visits made under the Act	...	...					773
Total number of visits	...	...	...	...			<u>2,735</u>

Rent Restriction Acts

The Chief Public Health Inspector acts as the Local Registrar for the purposes of the Rent Restriction Acts, and in this respect maintains two registers, namely :—

1. The Furnished Houses (Rent Control) Act, 1946.
2. The Landlord and Tenant (Rent Control) Act, 1949.

The two Rent Tribunals which operate in this City forward to the Department notifications of any decision made by them concerning the rents of properties. During 1957 a total of 231 official notifications was received in comparison with 372 for 1956. These notifications resulted in 219 entries being recorded in the 1946 Register and 12 in the 1949 Register.

The Registers were produced on three occasions for inspection by members of the public and resulted in the issue of 15 Certified Copies of Entries, the requisite fee of one shilling being paid in each case.

Improvement Grants

HOUSING ACT, 1949, SECTIONS 20 TO 30, AS AMENDED BY THE HOUSING REPAIRS AND RENTS ACT, 1954.

The sections relating to grants to assist in the provision of dwellings by means of conversion or the improvement of existing dwellings are jointly delegated by the City Council to the Health and House Building Committees. The Health Committee deals with applications from landlords and, as in 1956, the number of applications from landlords has been small, but in those cases where improvements have been carried out the tenants have thoroughly appreciated them.

There was an increase in the number of applications to provide dwellings by the conversion of existing houses into two or more units of dwelling accommodation. During the year 12 additional self-contained living units were produced by this method and others were in course of conversion at the end of the year.

One effect of the passing of the Rent Act, 1957, is a variation in the method of assessment of the rental of houses improved or provided with

the aid of a grant. The rent is controlled notwithstanding the fact that improvement might raise the rateable value in excess of the control limit of £30, and the local authority is no longer required to fix the maximum rental of the property, but instead it is determined by the provisions of Section 20 of the Rent Act, 1957. In future cases of improvement the rental is related to a multiple varying between $1\frac{1}{3}$ and $2\frac{1}{3}$ times the 1956 gross annual value of the property plus 8% per annum of the landlord's portion of the cost of the improvement. In future cases of conversion to provide living accommodation which will be let for the first time, the rental will be controlled within the maximum based on a multiple of $1\frac{1}{3}$ to $2\frac{1}{3}$ times the gross value of the dwelling produced by the conversion. This method of assessment of the maximum rental, especially for new dwellings to be provided by conversion, tends to produce an unduly low rental, which gives little inducement to landlords to avail themselves of grants for this purpose.

Figures for applications received from landlords are as follows :—

	<i>Improvement</i>	<i>Conversions to flats, etc.</i>
Applications from landlords ...	63	8
Number of houses affected ...	78	12 houses to 44 flats
Number of houses where " life "		
was suitable ...	75	12
Number of houses where " life "		
was unsuitable ...	3	—
Number of houses for which grant approved (including 3 outstanding from 1956)	78	12 houses to 44 flats
Number of houses where work completed ...	73	4 houses to 12 flats
Total grant aid approved	£4,027/17/4	£6,457/10/0
Applications withdrawn prior to approval ...	5	—
Applications withdrawn after approval ...	4	1 house to 2 flats
Applications still under consideration at end of year 31/12/57 ...	10	—

The number of applications from owner-occupiers during 1957 approved by the Public Works Committee was 818, and the grant aid approved totalled £64,260.

Abatement of Nuisances

Complaints are received in the Department and these may arise from the occupiers of business premises, dwelling-houses, places of public entertainment or even from the casual visitor to the City, but the majority of complaints are received from occupiers of dwelling-houses. Any complaint received is investigated and, where appropriate, action is taken within the powers conferred on the Health Committee. The abatement of nuisances is dealt with principally under Section 93 of the Public

Health Act, 1936, and of the total of 9,996 statutory notices served during the year, 7,607 were served under Section 93 of the Public Health Act, 1936. The average time taken for compliance with abatement notices served was two months. This figure compares with previous years as follows :—

1953	...	...	...	...	...	...	2 months 22 days
1954	...	...	...	...	...	...	2 months 16 days
1955	...	...	...	...	...	...	2 months 23 days
1956	...	...	...	...	...	...	2 months 3 days
1957	...	...	...	...	...	...	2 months

It is pleasing to record that the majority of notices received prompt attention by the owners and their builders, and it is only in a small number of cases that it is necessary to follow the lengthy legal procedure laid down in Sections 93 to 95 of the Public Health Act, which enables the Corporation to execute the work at the default of an owner. The general position with regard to availability of labour and materials in the building trade is such that it is evident landlords are carrying out essential repairs to properties and consequently the number of complaints to the Department of unsatisfactory conditions has diminished.

The total of 9,996 statutory notices is made up as follows :—

Nuisances under Section 93 of the Public Health Act, 1936— dealing mainly with roofs, spoutings, fallen plaster, defective floorboards, broken sashcords and window frames	7,607
Stopped up drains, soil pipes, w.c's and private sewers, dealt with under the Birmingham Corporation Act, 1946, as amended by the 1954 Act	1,189
Urgent nuisances, badly leaking roofs, broken w.c. pedestals, etc., dealt with under the Birmingham Corporation Act, 1948 ...	453
Provision or improvement of piped water supply—Section 138, Public Health Act, 1936, as amended by Section 30, Water Act, 1945	233
Yard paving and drainage—Section 56, Public Health Act, 1936	179
Unsatisfactory drainage—Section 39, Public Health Act, 1936 ...	198
Filthy or verminous premises—Section 83, Public Health Act, 1936	12
Additional water closets—Section 44, Public Health Act, 1936 ...	5
Conversion of closets—Section 47, Public Health Act, 1936 ...	6
Byelaw infringements—nuisances	13
Provision of sanitary accommodation—Section 39, Birmingham Corporation Act, 1935	44
Removal of noxious matter, Section 79, Public Health Act, 1936	9
Houses let in lodgings—fitness for occupation by families, Section 11, Housing Repairs and Rents Act, 1954. (Superseded by Housing Act, 1957, after 1st September)	31
Houses let in lodgings—prevention of overcrowding—Section 12, Housing Repairs and Rents Act, 1954. (Superseded by Housing Act, 1957 after 1st September)	17
	<hr/> 9,996 <hr/>

The main defects which were remedied were :—

Rooms with defective wall and/or ceiling plaster	4,732
Windows or sashcords defective	4,058
Roofs, causing dampness	3,956
Leaking eaves gutters or spoutings	3,922

98·3% of all notices served were complied with, the remainder were cancelled or had to be re-served, usually due to a change of ownership before the notices had been complied with.

To enforce the requirements of the Abatement Notices it was necessary to serve 316 summonses, which is a considerable reduction compared with 672 summonses served in the year 1956, and is in distinct contrast to the 1,442 summonses served in 1955. Of the 316 summonses issued it was only necessary to secure 84 nuisance orders made by the Magistrates.

<i>Summonses taken out during 1957—</i>						<i>Total fines imposed</i>		
						£	s.	d.
General nuisances	316					—		
Dogs fouling footpath	6					3	10	0
Contraventions of Shops Act, 1950	16					10	0	0
Food Hygiene Regulations, 1955	10					5	10	0
Contraventions of Section 11, Housing Repairs and Rents Act, 1954	25					101	0	0
Contraventions of Section 12, Housing Repairs and Rents Act, 1954	3					10	0	0
Filthy premises (Section 83, Public Health Act, 1936)	6					40	10	0
Contraventions of Section 154, Public Health Act, 1936 (rag collectors)	17					28	0	0
						399	£198	10 0

Enforcement Section

This section is responsible for arranging the execution of all works required to comply with statutory notices served by the Department under the Public Health Act, 1936, and associated Acts, at the request and default of owners, owner-occupiers and occupiers, and also the requirements of nuisance orders and Magistrates' orders made by the City Justices at Victoria Law Courts where these orders have not been complied with by the persons concerned.

The institution of all legal proceedings undertaken by the Public Health Inspectors' Section of the Department in collaboration with the Town Clerk's Department forms another important function of this section, and involves the careful preparation of evidence and collection of information of all descriptions necessary for prosecutions to be successfully conducted.

The prompt and satisfactory manner in which this section was able to arrange execution of works required by statutory notices and nuisance orders at a reasonable cost, and that supervision by an inspector while the work was in progress ensured that the repairs were satisfactorily carried

out, gave owners confidence in the service provided by the Department and resulted in numerous requests being received for assistance.

This particularly applied where the works were of a difficult nature, where more than one owner was affected and where the costs had to be apportioned between the owners concerned, the apportionment of such costs usually being accepted without question.

Repairs to property detailed by this section during the year embraced all spheres of general building work, and varied from minor items of plastering, renewal of sashcords, replacement of missing slates on roofs, and repair or replacement of eaves guttering, to taking down and re-building of gable walls, extensive roofing works, the paving of approaches to houses in tarmacadam or in concrete paving slabs, the conversion of obsolete waste water closets to modern water closets, and major drainage works.

During the year the total cost of all works carried out was £9,219 17s. 8d. These works required the preparation of 227 specifications respecting 632 houses. Of these, 129 specifications were for execution of building repairs to abate nuisances at 183 houses at a cost of £5,008 0s. 4d.

Repairs and improvements were carried out at a total of 346 houses at the request of the owners at a cost of £3,619 0s. 5d. which necessitated the preparation of 141 specifications and in 86 cases at the default of the owners at a cost of £2,843 8s. 10d., respecting 286 houses. In 37 cases essential works were carried out to comply with nuisance orders made by the City Justices at the Victoria Courts. The cost of this work totalled £1,388 19s. 11d. and the number of houses affected was 52.

The following analysis indicates the work undertaken by the section during 1957 :—

	<i>Jobs</i>	<i>Houses</i>	<i>Cost</i>		
			<i>£</i>	<i>s.</i>	<i>d.</i>
<i>Section 93 Public Health Act, 1936.</i>					
<i>General Nuisances—repairs to defective houses.</i>					
At default of owners—for non-compliance with Nuisance Orders ...	37	52	1,388	19	11
By agreement ...	92	131	3,619	0	5
<i>Section 56 Public Health Act, 1936.</i>					
<i>Paving of courts, yards and passages.</i>					
At default of owners ...	8	93	259	0	5
By agreement ...	7	25	315	13	10
<i>Section 39 Public Health Act, 1936.</i>					
<i>Provision of satisfactory drainage.</i>					
At default of owners ...	24	57	165	14	8
By agreement ...	20	54	384	5	11

<i>Section 47 Public Health Act, 1936.</i>	<i>Jobs</i>	<i>Houses</i>	<i>Cost</i>		
<i>Replacement of existing waste water closet by water closet.</i>			<i>£</i>	<i>s.</i>	<i>d.</i>
By agreement	3	7	318	0	4
<i>Section 79 Public Health Act, 1936.</i>					
<i>Removal of noxious matter from premises.</i>					
At default of owners ...	4	4	20	19	1
By agreement	1	1	1	14	2
<i>Section 138 Public Health Act, 1936</i> <i>(as amended by Section 30, Water Act, 1945). Houses already having internal water supply but where supply was insufficient—improvement effected.</i>					
At default of owners ...	13	80	1,008	14	9
By agreement	18	128	1,737	14	2

Many owners experience financial hardship in meeting the costs of repairs to their property following the service of statutory notices and, in requesting the Department to carry out the works required on their behalf, also request financial help to meet the costs incurred.

In certain cases it is the policy of the Health Committee to permit repayment of the costs to be spread over a period normally of three years, but in cases of exceptional hardship the time for repayment has been extended beyond this period. The special circumstances of each case are considered on their respective merits before any such action is taken.

During the year 57 owners, in requesting the Department to carry out works on their behalf, indicated that they desired to repay the costs incurred by instalments.

Power to execute works to comply with statutory notices is given by Section 275 of the Public Health Act, 1936, where work is carried out by agreement with owners or occupiers of premises and Section 291 of the same Act allows the recovery of the cost of works carried out by instalments spread over a period of years.

During the year 17 sealed instalment orders for recovery of expenses were made by the Town Clerk and formal arrangements resulting from County Court action for payment by instalments were made in two cases. Agreements for recovery of expenses incurred were made by the Secretary-Accountant in 34 cases and collection of total rents in recovery of expenses undertaken in two instances, and in six cases the recovery of expenses is being made by weekly collections from rents of the properties.

All works carried out in accordance with specifications during the year have been on a daywork basis by labour and materials plus costs to include overheads as set out in the National Schedules of Daywork Charges for general building work.

This method of execution of repairs and improvements of every type has been found from experience to be the most practical and economical and results in work being put in hand without delay.

The building industry for the first time since the war appears to be back to normal and no difficulties have been experienced in arranging for execution of works or in obtaining the building materials required. The hiring of tubular steel scaffolding has again proved difficult and has caused some delay to contractors engaged by the Department in certain instances as the demand for the hire of this type of scaffolding is greater than the amount held in stock by the suppliers.

Legal proceedings were instituted during the year in 399 instances and the summonses issued and the fines imposed are set out on page 282.

During the year 17 summonses were taken out and fines totalling £28 were imposed for offences under the provisions of Section 154 of the Public Health Act, 1936, which prohibits the sale of, or the making of gifts of any article to a person under the age of 14 years and articles of food and drink to a person of any age by persons who collect or deal in rags, old clothes or similar articles.

In one of these cases brought before the City Justices it was the rag collector's 99th appearance for a similar offence.

The enforcement of Section 154 of the Public Health Act, 1936, has recently been delegated by the City Council to the Health Committee. It was formerly delegated to the Watch Committee.

Urgent Nuisances

The Birmingham Corporation Acts of 1946, 1948 and 1954, give special powers for securing the abatement of nuisances which it is considered are of such an urgent nature that action should be taken in a shorter period than that permitted by national legislation under the Public Health Act, 1936.

Section 59 of the 1946 Act, as amended by the Act of 1954, gives the Corporation authority to notify owners of premises on which occur obstruction of drains, water closets, soil pipes and private sewers, and provides the owner with an opportunity to carry out the work within twenty-four hours from the time of the service of the notice. Should this work not be done in the requisite time then the Corporation is authorised to do the work and recover the cost.

Section 32 of the Birmingham Corporation Act, 1948, extends the power to deal with urgent nuisances, such as defective roofs, collapsed floors and defective water closets. In this case the Corporation is empowered to execute the work at the default of the owner after a period of nine days.

Birmingham Corporation Act, 1946—Section 59.

Total number of notices served during 1957	1,189
(involving 1,074 jobs)	
Work carried out by owners in specified time	672
Order given by this Department in default of owners' compliance	329
Orders given by this Department at request of owners ...	73
Total cost of work given to the Department's contractors totalled	£1,191 3 6
Average cost per job	£2 19 3
The maximum charge in respect of any one job was	£63 16 9
and the minimum was	10 0

During the year notices were served in respect of obstructions in 10 private sewers affecting 71 houses.

Birmingham Corporation Act, 1948—Section 32.

Total number of notices served during 1957	453
(involving 433 jobs)	
Work carried out by owners in specified time	284
Orders given by this Department in default of owners' compliance	133
Orders given by this Department at request of owners ...	16
The cost of the work given to the Department's contractors totalled	£1,091 11 5
Average cost per job	£7 6 7
The maximum charge in respect of any one job was	£141 15 11
and the minimum was	10 4

Redevelopment Areas

The Corporation acquired some 30,000 unfit houses in the Central Redevelopment Areas declared under the provisions of the Town and Country Planning Act, 1944, and by the end of the year some 6,927 had been demolished under the programme of redevelopment. Block repairs have been carried out to 14,026 but nevertheless living conditions remain far from satisfactory in many of these houses, as the majority of dwellings have to share water closets in the ratio of one water closet to two houses and are without bathrooms or even hot water systems. Living space is greatly restricted and the age and nature of the houses are such that constant attention is required to items of disrepair. Tenants of these Corporation owned houses frequently complain direct to the Health Department of conditions under which they are forced to live. On investigation it is sometimes found that the tenant has not first reported the matter to the Housing Management Department, the department which is responsible for carrying out essential repairs. In 1956, it was decided by the Health and Housing Management Committees that first complaints should be forwarded direct to the Housing Management Department in order to save unnecessary duplication of inspection, and this has been implemented. Tenants of Corporation houses still have the opportunity to complain to the Health Department if they consider undue delay has occurred in the remedying of defects at their homes.

In all 3,112 complaints were received from these sources during the year, 2,094 were passed direct to the Housing Management Department for attention and 1,018 were investigated by Public Health Inspectors and appropriate follow up action taken in the interests of the public health and the tenants.

Domestic Surface Air Raid Shelters

Arising out of the survey carried out in 1954, further consideration was given during 1957 to numbers of shelters which had been the subject of complaints received in the Department. In 77 cases it was considered that the amenities of nearby dwellinghouses were so disturbed as to constitute a danger to health and therefore to warrant representation being made for the demolition of the shelters. The total number of shelters represented for demolition since the survey began was brought up to 365 at the 31st December, 1957 as follows :—

	<i>Total shelter structures surveyed</i>	<i>Shelters represented for demolition</i>
Central Wards ...	819	131
Middle Ring Wards	1,211	200
Outer Ring Wards	1,995	34
	<hr/> 4,025 <hr/>	<hr/> 365 <hr/>

Common Lodging Houses

It is the duty of every local authority to maintain a register of all established common lodging houses within their district. This record is required by the provisions of Section 237 of the Public Health Act, 1936, and must contain entries which detail the full names and addresses of all persons registered as “ keepers ” and similar information regarding any persons who are to act as “ deputy keepers.” Information must also be recorded as to the situation of every such lodging house and the maximum number of persons authorised to be accommodated therein.

At the beginning of the year 12 premises were registered with the Department comprising 11 for men and one for women. These lodging houses provided accommodation for 751 men and 46 women respectively, and no changes in ownership were effected during the year. In November, two registered keepers notified the Department that they did not intend to re-register their premises for 1958. These notifications related to the one lodging house for women, referred to above, where the owners were considering demolishing the property, and one of the smaller male lodging houses with a permitted number of 24. This particular hostel had been little more than half occupied throughout the year and had reached the stage where considerable expense was necessary to maintain byelaw standards.

Those of the women lodgers who were aged persons were accommodated in the Summerfield Hospital, Western Road, and the remainder found alternative accommodation elsewhere. The few men lodgers concerned were readily absorbed by other hostels in the City and both premises ceased to operate as common lodging houses on 31st December, 1957. The closing of these two hostels reduced the number of registered common lodging houses in the City to 10 providing total accommodation for 727 men.

Routine visits of inspection are carried out both by day and by night, to ensure that the provisions of the Byelaws made under the Public Health Act, 1936, are observed. Public health inspectors made a total of 227 visits during the course of the year, details of which are as follows :—

Day visits	...	...	...	...	...	...	...	...	61
Night visits	...	...	...	...	...	...	...	...	147
Special visits	...	...	...	...	...	...	...	...	15
Unsuccessful visits	...	...	...	...	...	...	...	...	4
									<hr/>
TOTAL	...	...	...	...	...	...	...	...	227
									<hr/>

Tents, Vans and Sheds

In the latter part of 1955, the Public Works Department appointed a special officer to deal with the caravan problems which then confronted the Corporation. Since then, the major part of the caravan problem has been solved and the vigilance of the officer, referred to above, would appear to be keeping it under control. In this connection, public health inspectors maintained a constant liaison with the Public Works Department in the immediate notification of all cases of occupation of unauthorised sites. This action is taken in order that the provisions of Section 43 of the Birmingham Corporation Act, 1935, are observed in that, with certain reservations, no land shall be used for occupation by caravans, without the previous approval of the Corporation.

Only a limited number of sites now exist in the City, and eight of these are of long established use, accommodating caravans for private residential purposes. The remainder include building contractors' sites, which are occupied by workers engaged in the construction of houses for the Corporation and are of a temporary nature. In fact, only ten sites exist where more than two families are accommodated.

A special meeting of representatives of the various land owning Committees and the Health Committee, with their respective chief officers, was held in May to review, in general, conditions appertaining to all existing sites and to determine future policy to be followed. It was generally agreed that a policy of discouragement should be adopted and that the occupiers of existing caravans should be found more permanent accommodation and no encouragement given to further applicants.

All sites were the subject of routine visits by public health inspectors throughout the year and in no case was it necessary for the Department to resort to statutory action in the control of nuisances. The total number of visits made in the year was 207.

The Department was concerned by the sanitary arrangements which existed on one particular site, and an approach was made to the Salvage Department in the hope that it would undertake the regular collection of refuse and night soil. Enquiries from the City Treasurer also established that the land was assessed as a " Vehicle Park, Garage and Premises," and at a rateable value which would permit the Salvage Department to provide the sanitary services requested without charge to the occupiers. A regular collection of refuse and faecal matter is now maintained and this has resulted in an improvement to sanitation on the site in question.

Offensive Trades

There are 24 premises in the City which are authorised for use by offensive trades in accordance with Section 107 of the Public Health Act, 1936. Byelaws control the conduct of these establishments in order to keep risk of nuisance to a minimum and visits are made to them especially when atmospheric and other conditions are most conducive to the production of noxious effluvia.

There have been fewer complaints in the last year than is usual concerning the conduct of these establishments and, although this may be partly due to improvements effected at one of the larger premises dealing with the treatment of animal by-products, it could well be that the cool summer did not favour fly breeding, or the undue hastening of decomposition.

Without doubt the premises dealing with the boiling of bones and animal waste are the most likely to give rise to nuisance unless great care is exercised. The bones collected from butchers are frequently " fly blown " before delivery to the bone-boiler and need treatment at once. Failure to do this has resulted in hoards of fly larvae invading adjoining industrial premises. Today improved collection vehicles, boiling plant and storage facilities have done much to reduce the risk of such trouble.

83 visits were made to offensive trade premises during the year.

Pig Keeping

Complaints have been few during the past twelve months. Nevertheless, the usual routine visits to pig keepers' premises have been made and a total of 702 such visits is recorded for the year. In 13 cases conditions found warranted the service of notices but no enforcement action was necessary to secure compliance with the notices.

Whether pig keeping is on a large scale and therefore a business, or of the small type restricted to one or two pigs, it would appear that Byelaw requirements are reasonable, for, apart from a few cases in which the keeper cannot fulfil the distance requirement of 60 feet, no keeper during the year elected to give up rather than comply with the terms of a notice served under the Byelaws relating to nuisances.

Tips and Tipping

There was no change in the number of established tips in the City which remained at 14 at the end of the year. Inspectors made a total of 374 visits during 1957 which were mostly of a routine character. A number of complaints were received concerning one particular tip in the north of the City and it became clear that the method of tipping and control would be likely to give rise to continued nuisance in the future.

A report recommending the cessation of tipping was laid before the Health Committee just before the end of the year with the recommendation that a notice be served under the City Byelaws in respect of tipping, calling upon the operators to cease tipping at the site.

Apart from this case complaints have been few and prompt approach to the tip operators has obtained the abatement of any nuisances involved.

The gradual development and use of vacant sites and unused land has helped to diminish the number of complaints of indiscriminate tipping received during the year but there is still room for improvement in this direction.

Pleasure Fairs

During 1957, Public Health Inspectors made 144 visits to pleasure fairs, including some week-end galas and fetes coming within the scope of the City Byelaws relating to pleasure fairs. Although this number of visits represents a slight increase over the previous year, there is some indication that the fun fair of days gone by is losing its popular appeal. Like the theatre and the cinema, the fun fair also—at least as far as Birmingham is concerned—is on the downgrade. There may be several causes of this since there is no doubt whatever that some special local fairs, for example, the Stratford Mop, continue to gain and enjoy considerable support. One is inevitably led to the conclusion that many of the fairs held in the City, by reason of their smallness, often comprising only of a couple of roundabouts for adults and one for children, together with the inevitable stalls, fail to attract the public today, which is so well provided with entertainment at home.

The proprietors of fairs held within the city boundaries are well aware of Byelaw requirements and, apart from a few minor deficiencies which were promptly rectified, for example, lack of lighting in sanitary conveniences and failure to mark clearly such accommodation as to sex,

it must be said that conditions from the byelaws aspect were very satisfactory.

One point worthy of note is that it was observed on two occasions that stall-holders dealing in various articles of food were apparently ignorant of the existence of the Food Hygiene Regulations, 1955. Several contraventions were pointed out to the stallholders at the time and follow-up letters were sent. It must be appreciated, however, that the inspectorial staff are often at a disadvantage in this matter since it frequently happens that the duration of the fair is so short that a check-up visit cannot be made.

Canal Boats

During the year 1957, the number of boats inspected on the canals within the City area was 814 and the number of inspections each quarter is shown as follows : First Quarter, 133 ; Second Quarter, 119 ; Third Quarter, 322 ; Fourth Quarter, 240.

The 814 boats inspected were registered for the accommodation of 2,425½ persons and when inspected were found to be carrying 531 men, 439 women and 416 children, a total of 1,386 persons—represented in terms of adults as 1,178. Of the 814 boats inspected, it was found that 784 or 96·5% were in good condition and conforming with the Public Health Act, 1936, and Canal Boat Regulations, while in 30 or 3·7 % of the total, various contraventions were found. These are classified thus :—

Boats with one contravention each, 20, making total contraventions 20							
“	“	two	“	“	6,	“	12
“		three	“	“	4,	“	12
							—
							30
							44
							—

Complaint notes were duly served on the owners in all cases, except verminous boats which were disinfested by the Authority. Twenty-six complaint notes were issued during 1957 and 25 brought forward from 1956. Thirty-six complaint notes were complied with during the year, leaving an outstanding balance of 15.

During the year certificates were returned by owners signed by the various Canal Boat Inspectors, showing that 53 contraventions had been remedied. It has not been necessary during the year to take any court proceedings under the Public Health Act, 1936, or the Canal Boat Amendment Regulations, 1925, all works being well carried out by owners.

No cases of infectious disease were reported during the year 1957.

The number of boats registered in Birmingham is 135 classified as follows :—

Motor Boats	...	...	...	...	...	...	...	85
Ordinary Boats	...	...	...	...	...	...	...	50
								—
								135
								—

The Prevention of Damage by Pests Act, 1949

For the second time since the inception of the Prevention of Damage by Pests Act, 1949, there has been a drop in the number of complaints received by the section, although the figure is still some 50% above that of 1950, the year when the Act came into force.

The staff complement for 1956 and 1957 was approximately the same, and it does mean that the whole of the staff during the past year has been fully extended and, on many occasions due to sickness and holidays, it has been difficult to deal with the volume of work.

The comparative figures for complaints of rats or mice received in recent years are as follows :—

1950	1951	1952	1953	1954	1955	1956	1957
4,843	4,901	5,387	5,690	7,409	8,889	8,090	7,235

January and February showed slight increases in the number of complaints but from March onwards a steady drop was apparent. This reduction in the number of complaints is naturally followed by a small reduction in the number of inspections and necessary treatments on infested premises. The figures for inspections in the last three years are as follows :—

1955				Domestic	Industrial	Total
Original visits ...	...	...	...	9,067	3,208	} 15,784
Re-visits ...	...	...	...	1,796	1,713	
1956						
Original visits ...	...	...	...	9,020	3,131	} 15,183
Re-visits...	...	...	...	1,811	1,221	
1957						
Original visits ...	...	...	...	8,473	2,886	} 14,280
Re-visits ...	...	...	...	1,767	1,154	

It has been obvious for some considerable time that the Section has been slowly meeting with success in overcoming the rat problem in the City, for now the majority of the complaints refer to what can be called the "odd rat." We do not encounter nowadays the "major infestation" of a few years ago, that is a population of over 20 rats in a property such as a house, small shop or factory. The policy of rat-proofing wherever possible has been fully justified, although the pursuit of the policy has placed a heavy burden on the senior staff of the Section, and it is regretted that the vacancy for an Assistant Rodent Officer is still not filled after a period of three years.

The various types of property inspected and treated during 1957 were as follows and it is apparent that the service is extended to a wide variety of premises.

	<i>Inspections</i>	<i>Re-inspections</i>	<i>Treatments for Rats</i>	<i>Mice</i>
Domestic and bombed sites ...	8,473	1,767	3,957	1,427
Corporation Properties :				
Schools	204	49	98	108
Civic restaurants and bake-houses	35	2	10	15
Corporation tips	5	11	5	—
Allotments, parks, etc. ...	20	27	20	2
Welfare centres and nurseries	47	7	22	25
Destructors	—	192	—	—
Offices, stores, depots, etc.	81	3	34	34
Industrial :				
Private schools	34	3	26	1
Private tips	7	2	1	—
Hospitals, nursing homes, etc.	45	7	45	30
Cafes, restaurants and hotels	120	34	77	47
Other food premises	740	403	298	201
Cinemas and theatres	21	73	7	8
Canal and railway banks ...	3	30	1	—
Non-food shops	371	88	134	88
Non-food factories, offices, etc.	746	168	427	222
Farms, piggeries, etc.	16	34	30	—
Other visits	391	21		
Night visits	165	—		
Smoke tests	235	—		

These visits resulted in formal action in the following cases :—

Notices served for proofing	66
Notices served for treatment	—
Notices completed	66
Reminder letters sent	1
Letters sent reproofing	—

In addition to the above action, in the case of some 178 properties, extensive rat-proofing measures were carried out without the service of any notice.

The majority of these cases entailed extensive repairs to drainage systems, being properties in the control of the Housing Management Department or the City Estates Department ; the remainder involved the exposing of defective footings of the properties.

The Section is frequently called in by the various depots of the Public Works Department to trace the cause of a collapsed footpath, where the collapse is known to be due to the burrowing of rats. Such cases as these are not included in any figures of premises rat-proofed.

TREATMENTS

All business premises are charged for any treatment which the Section carries out on request, whilst domestic premises are treated free of cost in accordance with the Circular of the Ministry of Agriculture, Fisheries and Food, which was adopted by the City Council.

The scheme devised for the regular treatment of business premises at definite intervals has continued to work well ; in some cases the periods between treatments has been increased and in others the treatments have been so successful that there is now no necessity for regular check-up or treatment.

There have again been several instances where large firms have been under contract for disinfestation treatment with private contractors for a number of years and the infestation has "grown" during this period. The firms have called in the Section to undertake this work for them in preference to the private contractors, the result being that the existing contract has been cancelled and the Section has undertaken the regular servicing of the premises.

Due to pressure of work during periods of sickness and holidays, it was occasionally necessary to advise householders on the methods of treatment and to ask them to "help themselves," this procedure only being carried out in the case of infestation by mice. Only in a few instances of this nature was it necessary for the Section later to carry out further treatment. The public were extremely co-operative when requested to carry out the work and subsequent checks revealed that, in the main, these "home treatments" had been successful. In each of the above instances a Warfarin type of poison was recommended.

SALVAGE DEPARTMENT DESTRUCTORS

The heaviest infestations of rats are still to be found in the five depots belonging to the Salvage Department. These present the most difficult problem of rodent control to be found due to the nature of the construction, the amounts of refuse (containing substantial quantities of food) taken into the depots, and the amount of harbourage afforded to rats. Operations against the rat populations have been unceasing for a number of years, and the many treatments carried out have been successful in clearing large portions of the premises and confining the remaining "hard core" population to specific points such as the hoppers and charging decks where the crude refuse is stored until its final disposal. In the main, the hoppers, particularly at the Montague Street Depot, provide the largest centres of rat population.

It is impossible to assess the rat population in any of the depots during daytime visits and, if any control is to be exercised at all in the premises, then visits must be made when the depots are closed to assess the rat population and their centres of activity ; all treatments must be carried out under similar conditions at night, weekends and during holiday periods.

On one occasion, in October, over 500 rats were caught alive when a large accumulation of refuse was cleared from a position in which it had remained for some time. On such occasions as this co-operation is needed between the Rodent Control Section and the members of the

Salvage Department who operate the plant, and it is gratifying to report that this is of a very high order.

As in previous years, batches of live rats have been sent to the Research Laboratories of the Ministry of Agriculture, Fisheries and Food at Tolworth.

SEWER TREATMENTS

The routine system of treatment of sewers by poison bait, which was inaugurated in 1944 in an attempt to reduce the rodent population, has continued throughout the year. This work, which is now routine, is not spectacular but has proved of immense value in reducing the rat population in the sewers, and this has had a direct bearing on surface infestations too. In many instances whole lengths of sewer which showed evidence of rats are now completely clear and, when it is appreciated that the majority of infestations within three miles of the City Centre have their origin in defective drains, which communicate with the sewers, the importance of this work will be understood.

The 21st maintenance treatment was completed during the year and comparative figures for quantities of bait taken are given :—

		<i>Quantity of Bait taken</i>			
	<i>Complete</i>	<i>Good</i>	<i>Small</i>	<i>Totals</i>	<i>No "takes"</i>
Initial treatment 1944	246	2,227	2,368	4,841	4,734
21st maintenance treatment	...	329	858	1,187	6,275

EXPERIMENTAL TREATMENT OF ASTON AND WITTON SEWERS (Ministry of Agriculture, Fisheries and Food)

Experiments were carried out during the year to assess the rate of "build up" of the rat population in the sewer system after experimental poison bait treatments had been concluded in 1956. The factors affecting the rate of "build up" have not yet been determined and, as yet, little is known of this problem. One of the difficulties encountered in practice is the lack of manholes on the sewer system. In some instances there are 500 to 700 yards between manholes and, therefore, any poison treatment can only effectively deal with the rat population which feeds in the region of the manhole, and not those rats resident between the manholes—the research continues.

RAT-PROOFING

Bad design, faults in building construction and above all bad installation and maintenance work on drainage systems, continue to account for the appearance of rats within buildings. Care and forethought by architects, contractors, heating engineers, builders—especially plumbers and drain layers, could do much to prevent unnecessary damage to property by rats and save untold waste of time, labour and materials. The greatest care is called for in all new buildings, most particularly those being erected in the older parts of the City which are at present

undergoing such radical changes, especially in the area of the Inner Ring Road. Rat proofing was carried out at 244 properties as a result of action by the Section during the year.

The Rag Flock and other Filling Materials Act, 1951

At the end of 1957 there were six premises licensed under the above Act, all for storage of rag flock. 59 premises were registered for the manufacture of new furniture, bedding or stuffed toys.

Regular routine sampling is carried out of materials to which the Act applies, which are stored or used on registered or licensed premises, and the reports upon samples submitted for analysis are set out below.

<i>Material</i>				<i>Satisfactory</i>	<i>Unsatisfactory</i>	<i>Total</i>
1.	Rag flock	...	...	30	1	31
	Washed flock	...	...	1	—	1
2.	Cotton felt	...	...	21	3	24
	Cotton millpuff	...	...	1	—	1
3.	Woollen felt	...	...	6	2	8
	Woollen flock	...	...	—	—	—
4.	Jute	...	...	2	—	2
5.	Synthetic fibres	...	...	—	—	—
6.	Hair	...	...	6	—	6
7.	Feathers or down	...	...	3	—	3
8.	Kapok	...	...	3	1	4
9.	Coir fibre	...	...	18	—	18
	Algerian fibre	...	...	1	—	1
	Fibre (not classified)	...	...	1	—	1
				<hr/>	<hr/>	<hr/>
				93	7	100
				<hr/>	<hr/>	<hr/>
TOTAL samples in 1956				144	3	147

The unsatisfactory sample of rag flock had 41 parts of chlorine per 100,000 compared with the maximum of 30 parts permitted by the Rag Flock and Other Filling Materials Regulations, 1951.

The unsatisfactory samples of cotton felt had a dust index of 4.2, 3.7 and 3.8 compared with a maximum dust index of 3 permitted by the Regulations.

The two unsatisfactory samples of woollen felt satisfied the tests as to the amount of cleaning treatment to which they had been subjected but were low in the percentage of animal fibre, showing 50% and 58% instead of a minimum of 60% required by the Regulations.

In all cases subsequent samples taken showed satisfactory results.

Unsatisfactory samples taken, expressed as percentages of all samples for the year, are as follows :—

1952	...	...	...	...	...	...	...	...	16·3%
1953	...	...	...	...	...	...	...	...	6·5%
1954	...	...	...	...	...	...	...	...	6·2%
1955	...	...	...	...	...	...	...	...	12·6%
1956	...	...	...	...	...	...	...	...	2·0%
1957	...	...	...	...	...	...	...	...	7·0%

Supervision of Shops

A staff of four whole-time Shops Act Inspectors was available to carry out the general routine inspections and the various other duties relating to the retail distributive trade as prescribed by the provisions of the Shops Act, 1950.

The duties include :—

General Inspections—Periodical inspection and the recording of all the necessary particulars of all retail shops, certain wholesale establishments and warehouses.

Conditions of Employment, Assistants—The regular examination of the prescribed records relating to statutory weekly half-holidays, hours of employment on Sundays and compensatory time off in lieu of Sunday employment. The checking of the regulated hours of employment of young persons employed in retail shops, cinemas and other places of entertainment and in the catering trade. Visits to ensure that the correct intervals for meals are allowed to all shop assistants.

Staff Accommodation—Inspections to ascertain that a suitable standard is provided and maintained regarding sanitary accommodation and washing facilities made available for use by the staff ; that a reasonable standard of heating, lighting and ventilation is maintained at all times where staff are employed ; to ensure that seating is made available for female staff and that suitable facilities are available for the taking of meals on the premises.

Early Closing Day and Night Closing Regulations—Regular routine patrols are made to ascertain that the regulations regarding compulsory half-day closing and general night closing hours are complied with by shopkeepers.

Sunday Trading—Regular routine patrols are made enforcing the limitations of Sunday trading exemptions ; the special provisions for Jewish traders and the City of Birmingham (Rednal) Sunday Trading Order, 1939.

The work of the Shops Act Inspectors for the year ending 31st December, 1957, is summarised as follows :—

GENERAL INSPECTIONS									
Visits ... ..	...	...	...	...	...	...	...	...	11,079
Re-visits ... ..	...	...	...	...	...	...	...	...	2,406
									<hr/> 13,485 <hr/>

SPECIAL VISITS									
Half-day closing ... ..	...	...	...	...	...	...	...	...	6,397
Night closing ... ..	...	...	...	...	...	...	...	...	668
Sunday trading (day) ... ..	...	...	...	...	...	...	...	...	2,180
Sunday trading (night) ... ..	...	...	...	...	...	...	...	...	165
Appointments ... ..	...	...	...	...	...	...	...	...	486
Complaints and enquiries ... ..	...	...	...	...	...	...	...	...	155
Jewish traders ... ..	...	...	...	...	...	...	...	...	86
									<hr/> 10,137 <hr/>

STREETS PATROLLED									
Half-day closing ... ..	...	...	...	...	...	...	...	...	5,836
Night closing ... ..	...	...	...	...	...	...	...	...	876
Sunday trading ... ..	...	...	...	...	...	...	...	...	2,525
									<hr/> 9,237 <hr/>

SHOPS ACT FORMS PROVIDED									
Early closing day ... ..	...	...	...	...	...	...	...	...	452
Assistants' half-holiday ... ..	...	...	...	...	...	...	...	...	206
Young persons' hours of employment ... ..	...	...	...	...	...	...	...	...	308
Sunday duties ... ..	...	...	...	...	...	...	...	...	3
Exemption (week-days) ... ..	...	...	...	...	...	...	...	...	121
Exemption (Sundays) ... ..	...	...	...	...	...	...	...	...	183
									<hr/> 1,273 <hr/>

STAFF ACCOMMODATION DEFECTS REMEDIED									
W.C. and washing facilities ... ..	...	...	...	...	...	...	...	...	271
Heating, lighting and ventilation ... ..	...	...	...	...	...	...	...	...	32
Facilities for meals ... ..	...	...	...	...	...	...	...	...	61
									<hr/> 364 <hr/>

OFFENCES REPORTED FOR ACTION									
Half-day closing :									
Sales after closing time ... ..	...	...	...	...	...	...	...	...	7
Night closing :									
Sales after closing time ... ..	...	...	...	...	...	...	...	...	29
Summonses issued ... ..	...	...	...	...	...	...	...	...	1
Sunday trading :									
Illegal sales ... ..	...	...	...	...	...	...	...	...	159
Summonses issued ... ..	...	...	...	...	...	...	...	...	15
Warning letters issued in respect of above-mentioned offences ... ..	...	...	...	...	...	...	...	...	179

The 15 summonses in respect of illegal Sunday trading resulted from shopkeepers continuing trade in non-exempted goods on Sundays, and one summons was for trading after the general closing hour at night. All summonses were issued following the service of official warning letters for previous similar offences. In each case the charge was proved and a fine was imposed by the Magistrates.

Disinfestation and Disinfection

The Disinfecting and Cleansing Station is situated in Bacchus Road and occupies a fairly central position in Birmingham. The station is operated under the supervision of the Depot Superintendent who reports daily to the Chief Public Health Inspector.

Almost daily, the Department receives from occupiers of domestic and business premises, complaints of infestations by bugs, fleas, flies, cockroaches, blackbeetles, ants, etc., which are promptly investigated by the public health inspector who then makes the necessary arrangements for treatment with the Depot staff. Once again they have been kept working at full pressure throughout the year.

During the year, 908 houses received such treatment as compared with 1,081 in 1956. Reference to previous reports, however, will show that the figures for 1955, 1954 and 1953, were 920, 1,144 and 1,246 respectively. This indicates that, with the exception of 1956, a steady downward trend in this type of work continues, due, no doubt, to the extensive use of modern insecticides.

In addition to the disinfestation of houses, many treatments have been carried out in business premises, hospitals, licensed houses and restaurants, public baths, etc. Infestations occurring in food preparation rooms and kitchens consisted mainly of steam flies and cockroaches.

No charges are made for the treatment of domestic premises but in all other cases appropriate accounts are rendered, based solely on the cost of labour and materials used. The number of separate treatments involved amounted to 126 for the year.

SERVICES TO THE TUBERCULOUS

The depot staff undertakes the delivery and collection of complete bedding units for tuberculous patients. Arrangements for this work are made with the Chest Clinic, and deliveries for the year amounted to 261 units, and 201 units were collected from houses and disinfected prior to re-issue. In addition to this work, 330 houses were disinfected following the removal of tuberculous patients to sanatoria or into new housing accommodation.

DISINFECTION

Throughout the year, the Department continued to assist certain aged people in the essential cleansing of their homes. This work includes

the removal of refuse, in certain cases, and is carried out without charge to the occupiers. 26 houses were cleansed under this arrangement, involving the removal of 67 beds and bedding for destruction.

The steam disinfection plant was again kept in daily use. As in previous years, a large proportion of its work was for the Birmingham Workshops for the Blind, for the Blood Transfusion Service and for treating large quantities of hospital bedding and blankets.

One complete operation of a disinfector is referred to as a "stove" and the total amount of material treated during the year resulted in no less than 1,868 stoves. This volume of work was almost identical to that carried out in the previous year. Charges are based on the rate of 15/- per stove and accounts, where applicable, were rendered to the appropriate authorities.

CLINIC TREATMENTS

Separate bathing facilities are provided centrally at the Cleansing Station, for the treatment of scabies cases and verminous persons. The clinic is open until 8 p.m. Mondays to Fridays inclusive and until 5 p.m. on Saturdays. No treatments are provided on Sunday and details of those carried out for the year are as follows :—

<i>Bacchus Road (men)</i>					<i>Scabies</i>	<i>Body Lice</i>
Men	...	...	...	...	171	297
Boys	...	...	...	...	8	2
TOTAL					179	299

<i>Bacchus Road (women)</i>				<i>Scabies</i>	<i>Body Lice</i>	<i>Pubic Lice</i>	<i>Head Lice</i>
Women	...	...	...	163	6	7	23
Girls	...	...	...	99	4	4	26
Boys	...	...	...	79			
TOTAL				341	10	11	49

Only a very small number of second and third treatments were necessary and these are included in the total number of treatments shown. The figure for body lice treatments (men) includes a limited number in respect of pubic lice. The children received treatment at the same time as their parents.

The service providing bathing facilities for the aged and infirm was maintained throughout the year. Weekly programmes were arranged for the bathing of these aged folk, who were collected and returned to their homes in Corporation transport under the care of a health visitor. Under these arrangements, 569 baths were provided for women and 162 for men. This represents a considerable increase when compared with the figures for 1956, which were 350 and 139 respectively.

The Problems we meet

The investigation and abatement of nuisances forms a great part of the work of the public health inspector. It is only to be expected, therefore, that periodically he deals with complaints of noxious effluvia in or about various types of premises. In most cases and by pursuing the relevant channels of investigation, he soon locates the origin of the nuisance and secures its abatement. In some instances, however, the answer is not readily to hand and after detailed investigation the origin is traced but found to be totally unexpected.

To illustrate this, a complaint was made to the Department of a peculiar smell prevailing in the top floor office of business premises in the city centre. It would appear that the smell, which was quite offensive, only occurred when the gas fire was lit and became so pronounced that the office could not be used for most of the day. Investigations carried out inside the building, which of course included an obvious check on sanitary fittings and the main drainage system serving the building, revealed nothing untoward.

External inspection of the building, however, showed a hopper head of a rainwater pipe to be just below eaves level of a "Mansard" type roof. An examination revealed faint odours emanating from the hopper, which increased in intensity when the gas fire was lit. Instructions were then given for this rainwater pipe to be exposed at pavement level, with the thought that the pipe might be directly connected to a foul drain. To the amazement of everyone present, a bucketful of dead starlings was removed from the pipe and this promptly terminated the nuisance complained of.

Similarly, another complaint received by the Department referred to the presence of a strong smell in the cellar of a florist's shop. An inspection revealed nothing in the cellar to account for the cause of the smell. It was observed, however, that the smell appeared to be emanating from the open jointed brickwork of the party wall. Upon enquiry at the adjoining premises it was learned that the occupier had accidentally knocked a large stoneware bottle of ginger beer down the cellar steps a few weeks previously. Most of the liquid had splashed on to an old blanket which had been fastened against the open jointed portion of the wall in the form of an improvised draught excluder. This blanket, saturated in fermenting ginger beer, was the sole cause of the nuisance complained of.

DRAINAGE AND SEWERAGE

The information which follows, on the sewerage works carried out by the Public Works Department, has been kindly provided by the City Engineer and Surveyor, Sir Herbert Manzoni.

The construction of sewers for the Bath Row and Ladywood Re-development Areas is now complete (Units 302, 307, 205 and 208).

Several short lengths of sewer reconstruction necessitated by the Inner Ring Road Scheme have been carried out.

The second contract for the reconstruction of the Cole Valley Eastern Outfall Sewer is now completed and the condition of the River Cole has been much improved and the periodical flooding of property in the Hay Mills area eliminated.

Extensions and/or reconstruction of the existing sewers in Aston Street, Ladywell Walk, Hansons Bridge Road area, Summer Lane, Yardley Green Road, Aldridge Road, Cromwell Lane and Tame Road have been completed.

The Bourn Brook has been widened and deepened for a length of 500 yards from Pershore Road towards Bristol Road. This should alleviate flooding in the area.

During the year sewers have been constructed and completed for the following housing estates.

BY CONTRACT

The Firs Estate, Castle Bromwich.
Welsh House Farm Part 2, Harborne.
Highcroft Estate, Kings Norton.
Kingshurst Hall Estate (Outside City Boundary).

BY DIRECT LABOUR

Lyndhurst Estate, Part 1.	Wychall Farm Estate.
Lower Shenley Farm Estate	Merritts Brook Lane Estate.
Masshouse Lane Estate.	Bushwood Road Estate.
Beilby Road Estate.	Hawkesley Moat Estate.

The above works have involved the construction of 7·69 miles of foul and surface water sewers and, in addition, approximately 4·8 miles of sewers have been laid by private enterprise in private housing sites.

Up to the end of December the total length of sewers now laid in the City was 1,628·27 miles, of which 1,069·23 miles are foul water sewers and 559·04 miles are surface water sewers, a net increase of 10·37 miles after allowing for the reconstruction of old sewers.

REFUSE COLLECTION AND DISPOSAL

Through the co-operation of the General Manager of the Salvage Department, the following information sets out the work of that Department during 1957.

The Salvage Department is responsible for the collection, utilisation and disposal of house and trade refuse, the emptying of cesspools and privy pans and the removal and treatment of refuse and animal residues from the City Markets and Abattoir.

The total quantity of refuse of all kinds dealt with by the Department during the year under review was approximately 370,000 tons which represented an average of over 1,400 tons each working day, and required the Department to make some 16½ million calls during the year at premises throughout the City.

Dustbins have been supplied to domestic premises as a charge on the rates in continuation of the policy agreed upon by the City Council in 1950 and, during the past year, 36,097 bins have been renewed. This brings the total number of bins provided since the inception of the scheme to 270,028.

Refuse Collection

A flexible system of refuse collection is employed by the Department and this has been found particularly useful in recent years in meeting the varying demands made on it occasioned by the extensive redevelopment in many areas of the City.

The collection system has been organised in such a way that the seasonal variations in refuse output are allowed for and new premises can readily be allocated to the appropriate collection rounds as and when necessary.

A fleet of 245 vehicles of all kinds is employed by the Department, 87 being electrically propelled vehicles suitable for the work of refuse collection where the daily mileage is small. The remaining vehicles are used in the emptying of cesspools and pans, cleansing the markets, delivery of fertilisers and general transport purposes. Various new type vehicles were examined and tested during the year in order to obtain first hand information of any advantages to be gained from new developments in vehicle design and to ensure that the fleet is maintained on modern lines.

A special method of refuse storage and removal has been in operation for multi-storey communal dwellings and other large establishments for several years which has proved most satisfactory. The system is finding universal approval and is being used wherever conditions are favourable. This method consists of the use of large storage containers, each having a capacity of 1¼ cubic yards, which take the place of the normal unsightly battery of about 12 dustbins. When full the container is removed by means of a wheeled trolley to a vehicle equipped with mechanical means for raising and emptying it into the body of the vehicle. The aperture in the vehicle through which the refuse is discharged has a rubber seal which fits against the rim of the container to give practically dustless loading conditions. The number of these containers in use at December 1957 was 221 serving 2,607 premises.

The marked improvement in the recruitment of labour which became apparent in the latter months of 1956 was maintained throughout the year under review and enabled the refuse collection teams to be employed at

full strength. This entirely eliminated the need for any hired transport on the work of refuse collection. The improvement in the labour position has enabled the Salvage Committee to arrange for the refuse collectors and certain grades of disposal personnel to work a five-day week all the year round. The former arrangement was for a five-day week for nine months of the year and alternate 5 and 5½ day weeks during the three winter months when refuse output was heaviest.

The drivers' training school established within the Department has continued to prove invaluable in producing drivers trained to the standards required in both theory and practical work.

Refuse Disposal

The system of refuse disposal employed is that of separation and incineration, together with a certain amount of controlled tipping undertaken in the construction and improvement of playing fields and various other large reclamation projects.

At the request of the Air Ministry and in conjunction with the Public Works Department the Salvage Department has participated in a scheme of reconstruction at Elmdon Airport, involving a major extension to one of the main runways. Nearly 60,000 tons of filling material were deposited there during the year and the operation is still proceeding.

Towards the end of the year, work was commenced on the erection of a new garage, canteen and offices for the Works at Brookvale Road, Witton to replace the existing accommodation which is no longer suitable or adequate. The chimney stack at this Works has also been causing concern for some time and a contract has been placed for the erection of a new stack which it is anticipated will give more efficient burning conditions. The scheme incorporates adequate means of grit catching.

Salvage and Bye-Products

Every effort was made during the year to obtain maximum recovery of those items of salvage that can be usefully returned to industry. Most of the main items were in reasonable demand during the year, particularly good outlets being obtained for such commodities as ferrous scrap and cardboard. The market for mixed waste paper continued on the weak side and only the best quality material was acceptable to the paper and board mills. Even the demand for good clean newsprint was limited.

An important section of the Department's work is the collection and disposal of condemned and surrendered meat, offal, vegetable refuse and other wastes from the Corporation Abattoir and fruit and vegetable markets. From the treatment of this material and other organic wastes received at the works a total of 2,445 tons of animal feeding stuff, fertilisers and fat was produced.

The income of the Department from all sources for the year amounted to £183,707, compared with £173,261 for 1956.

Cesspools, Pans and Privy Middens

At the end of 1957 there were 106 cesspools serving 141 premises, being regularly emptied by the Department. During the year 15 cesspools were abolished by being connected to the sewers and four new cesspools were added to the collection list.

There are still 127 pans in the outlying parts of the City which require attention by the Department.

CITY'S WATER SUPPLY

Headworks

Work has continued on the long term project for increasing the output capacity of the filtration plant in the Elan Valley by converting each of a number of the existing slow sand filter beds into two rapid gravity type filters. Two further units were completed and brought into commission making a total of five beds so dealt with. The conversion of three further beds is in hand, two of which were nearing completion at the end of the year, and the construction of a second sedimentation tank for the treatment of the wash water has been authorised.

Aqueduct

Further progress has been made with the laying of the Fourth Main of 60" diameter concrete-lined steel pipes on the siphon sections of the Aqueduct. During the year about $4\frac{1}{2}$ miles of pipes have been laid and altogether approximately $27\frac{3}{4}$ miles (75 % of the total length of $36\frac{1}{2}$ miles of siphon sections) have been laid.

Frankley

The construction of the second instalment of eight new rapid gravity filters with a total capacity of 16 million gallons per day was practically completed. Work on the construction of the third instalment comprising twelve filters proceeded satisfactorily.

To meet the increasing demands of water for supply, an additional raw water delivery main in 60" diameter concrete-lined steel pipes is being laid from the North Outlet Tower of Frankley Reservoir to the Frankley filters. About one-third of the work had been completed by the end of the year.

Area of Supply

The trunk main laying programme drawn up in 1954 to improve the supplies in the Department's Statutory Area of Supply was completed in May 1957, by taking into commission 0.8 mile of 36" middle level main in Hampton Lane and Yew Tree Lane, Solihull.

In addition, 0.32 mile of 15" cast iron main was laid in Harborne Road, Edgbaston to improve supplies in the Hagley Road Level at Five Ways. This main was brought into commission in November.

Local Works—Whitacre

The reconstruction of Whitacre Works, from which water in bulk is supplied to Coventry and Nuneaton, was nearing completion.

Construction work on the microstraining installation, the seven rapid gravity filters, the pure water reservoir and the pump houses has been completed and most of the pumping and other hydraulic plant has been installed.

General

All water distributed has been chlorinated, generally at a rate of 0.3 parts per million.

The water distributed in the City area was entirely the soft moorland water of the Elan Supply, despite the fact that consumption reached unprecedented high rates during the heat wave in June.

Exceptionally heavy rainfall over parts of the Welsh gathering grounds on 5th August caused considerable erosion of the river banks and, together with subsequent prolonged spells of unusually wet conditions, led to an unprecedented rise in the colour and turbidity of the raw water passing on to the Elan Valley filters during September. These abnormally disturbed conditions which persisted, in lesser degree, throughout the remainder of the year, resulted in a considerable increase in the colour and turbidity of the water flowing into the Aqueduct and thence discharged to the Frankley and Bartley storage reservoirs. In spite of the beneficial effects of storage, filtration and treatment at the Frankley Works, the water passed to distribution retained rather more colour than usual.

Apart from this increase in colour, water supplies have been satisfactory in quality and adequate in quantity, except in some small isolated areas. Improvements were made in these areas by replacing old corroded service mains or laying short lengths of additional small mains.

The above information has been prepared for inclusion in this Report by the Chief Engineer of the Water Department, through the kind co-operation of Mr. A. E. Fordham, General Manager and Secretary.

ROUTINE SAMPLING OF CORPORATION WATER

On the whole the first half of the year was dry and the second half very wet ; features which affected the quality of the raw waters.

Bacteriological Examination

ELAN VALLEY SUPPLY

All but four of the fortnightly water samples taken at Steventon, half way along the Aqueduct, gave excellent results upon examination in that coliform organisms were absent and in no case did the viable organisms exceed six per 1 ml. The four samples contained 38, 5, 5 and 2 B.Coli Type 1 per 100 mls. and 20, 4, 9 and 101 viable organisms per 1 ml.

These generally good results were due to passage of the water through rapid filters to remove suspended particles which might otherwise have been deposited in the Aqueduct, and the addition of 0.5 parts per million of chlorine at the head works. The four unsatisfactory results coincided with periods of very wet weather when some polluted water may have gained access to the Aqueduct.

Weekly samples of the water as it flowed from the Aqueduct into the Frankley Works agreed closely in bacterial content with those taken at Steventon, nine samples, all taken in the last five months of the year, containing coliform organisms but none more than 15 B. Coli Type I per 100 mls.

Storage in Bartley and Frankley Reservoirs led, on numerous occasions in the latter half of the year, to B.Coli Type I being detected in the weekly samples to a maximum of 38 organisms per 100 mls. Because of this 0.5 parts per million of chlorine were added as the water left Bartley Reservoir and this completely destroyed the contamination which the water birds had produced. The weekly samples, immediately prior to filtration, contained coliform organisms on twenty one occasions, 9 and 15 per 100 mls. being the greatest numbers of B.Coli Type I present and 12 and 29 being the largest numbers of viable organisms per 1 ml. found in samples throughout the year.

That portion of water that was filtered in the battery of new rapid filters afterwards contained coliform organisms on only ten occasions, 5, 15, 15 and 38 B. Coli Type I. per 100 mls. being the greatest concentration discovered by weekly sampling. Similar results were obtained from that water which had passed through the older rapid filters.

A further portion of the water from Frankley and Bartley Reservoirs was filtered through slow sand filters which were more effective in removing what few organisms the water originally contained. On four occasions, in the examination of fifty eight samples, 2 B. Coli Type I per 100 mls. were found and the viable organisms per 1 ml. growing at 38°C exceeded eight on only two occasions.

The weekly samples of water after final treatment by chlorination at the rate of from 0.3 to 0.45 parts per million, were of excellent quality, the highest bacterial content per 1 ml. being only 7. Under the heading of "Coliform Organisms per 100 ml," 2 and 5 "Irregular other types" and 9 B. aerogenes Type I were the only positive findings.

In the course of the year the following samples were taken from the pure water covered storage reservoirs :— Edgbaston 28, Erdington 12, Hagley Road 25, Highters Heath 12, Northfield No.1. 13, Northfield No. 2. 12, Perry Barr 12, Warley 12. In July, after a period of very heavy rain, some contamination was detected in the Edgbaston Reservoir sample but otherwise the whole series were reported upon most favourably, the samples being almost sterile.

A further check was also made by the examination of water drawn from domestic taps throughout the City including all addresses from which the very small number of complaints had come. Every one of the sixty three results was admirable.

WHITACRE SUPPLY

The problem here is the sewage pollution of the raw water in the Rivers Blythe and Bourne, the vast majority of which is eliminated by a month's storage in Shustoke and Whitacre Reservoirs. Weekly samples from the River Blythe were most heavily polluted in the first three months of the year when 24,000 B. Coli Type I per 100 mls. were present on seven occasions. Such a result occurred in the River Bourne samples, however, twenty eight times and at least once in every month of the year.

After storage of the River Bourne water in Shustoke Reservoir the most unfavourable reports were 240 B. Coli Type I per 100 mls, on seven occasions, all in the winter time, and 38 also on seven occasions. The Whitacre Reservoir samples contained 240 B. Coli Type I per 100 mls only three times and 38B. Coli also three times.

Only carefully controlled slow sand filtration is in operation at this works and it virtually eliminated all evidence of faecal contamination.

With this filtered water is mixed, as required, Welsh water from the Frankley Works. To the mixture is added from 0.40 to 0.75 parts per million of chlorine and the final product, which is pumped to Coventry and Nuneaton, when sampled weekly contained no coliform organisms and rarely more than a total of ten organisms per 1 ml. except for a period during February and March when rather higher counts were observed, the most being 25 and 45 per 1 ml. A check at Monwode Lea and Packinton some miles from the works, showed no deterioration in quality.

WELLS

Short Heath Well is rarely pumped but when, after a very wet period in November, the fortnightly sample unexpectedly contained more than 240 B.Coli Type I per 100 mls. after a long series of reports indicating almost sterility, the water level was lowered by pumping to allow of inspection. This revealed that subsoil water was percolating through the brickwork. Since completion of the steps taken to deal with the matter, reports have again been excellent.

Longbridge Well is also sampled fortnightly and the water was found almost always to be nearly sterile. A few coliform organisms were present on seven occasions.

Chemical Examination

The number of samples taken from certain points, their average chemical composition and the range of its variations are set out on page 310.

The chemical character of the Welsh water varies little, but the muddy polluted rivers supplying the Whitacre Works are markedly affected by weather conditions. Even the Welsh water was, however, affected to an unusual degree by some extraordinarily intense rainfalls in the later months of the year producing intense washing of the catchment areas accompanied by much erosion, the water being dirty looking and having a higher free and albuminoid ammonia content and oxygen uptake. These characters persisted, but in lesser degree, through the various stages of treatment and into supply.

The figures for "Plumbo-solvency" and "Erosion," quoted for the Welsh water, are a measure of the power of the water to dissolve lead. "Plumbo-solvency" is measured by the lead content of 50 mls. of water which have taken 180 seconds to pass through a tube packed with bright lead shot. The figure for "Erosion" is the lead content of 10 mls. of water which have stood in the laboratory overnight with a 1" strip of bright lead immersed in it.

While from the nature of these tests individual results can only be approximate, as compared with 1956 there has been a tendency for them on the whole to rise a little. In 1956 direct measurements were made of the lead content of drinking water as delivered from consumers' taps after standing in lead service pipes over night. Similar observations in 1957 indicated concentrations of lead varying between 0.3 and 0.9 parts per million. From research carried out elsewhere it appears that the power of a public water supply to dissolve lead may vary rapidly and markedly even under apparently constant conditions. Whilst in general the concentrations found in 1957 were higher than in 1956, they were well within the limit of safety. Moreover they do not represent the usual lead content of drinking water as drawn from the tap, but the content under the most adverse conditions.

Estimation of detergent in water samples from the Whitacre supply indicates progressive destruction by storage and by filtration and chlorination so that it is usually not detectable in the water as supplied for drinking.

Private Wells

INDUSTRIAL

A total of 110 premises are known to use water from bore holes within the City made up as follows :—

Breweries and mineral water manufacturers using well water for all purposes	8
Hotels and blocks of flats using well water for all purposes ...	3
Hospital using well water	1
Industrial premises using well water for all purposes	16
Industrial premises using well water for industrial purposes only	82
	<hr/>
	110
	<hr/>

AVERAGE RESULTS OF CHEMICAL EXAMINATION

PARTS PER MILLION (Extreme values in brackets)

No. of samples taken	Description	Ph.	Total Solid Matter	Free Ammonia	Albuminoid or Organic Ammonia	Nitrogen in Nitrates	Oxygen consumed in 4 hours at 27°C. (80°F)	Chlorine in Chlorides	Hardness (as CaCO ₃)	Total Alkalinity (as CaCO ₃)	Plumbo-Solubility	Erosion 1 day
12	WELSH WATER: Aqueeduct Outlet ...	8.9 (7.9-9.6)	42 (37-47)	.002 (.000-.012)	.058 (.036-.096)	0.13 (0.06-.029)	1.51 (0.92-2.34)	7.9 (7.0-9.0)	18 (14-20)	8.0 (6.0-9.5)	1.0 (0.6-1.6)	
12	After storage in Bartley or Frankley Reservoirs ...	7.6 (6.9-8.8)	42 (38-47)	.001 (.000-.006)	.062 (.033-.112)	0.14 (0.07-.030)	1.42 (1.12-2.00)	8.3 (7.0-9.5)	19 (16-22)	8.8 (8.0-10.0)		
12	After filtration and chlorination	7.2 (6.8-7.7)	41 (37-45)	.001 (.000-.006)	.056 (.024-.144)	0.14 (0.03-.029)	1.30 (0.92-1.92)	8.5 (7.5-9.5)	20 (17-22)	8.7 (8.0-10.0)	0.9 (0.5-1.4)	123 (105-150)
12	WHITACRE: River Blythe ...	7.9 (7.3-8.5)	462 (357-565)	.267 (.024-1.36)	.430 (.180-.720)	2.46 (1.14-4.41)	3.87 (2.26-7.10)	29 (21-36)	280 (180-324)	135 (60-162)	Detergent 0.34 (Nil-.067)	Nitrogen in Nitrates 0.09 (0.02-.022)
12	River Bourne ...	7.7 (7.6-7.8)	535 (502-611)	.180 (.030-.460)	.303 (.090-1.00)	3.37 (1.64-6.97)	2.25 (0.57-8.30)	46 (33-62)	336 (248-364)		0.19 (Nil-.048)	
12	After storage in Shustoke Reservoir ...	8.4 (7.6-9.0)	461 (386-500)	.067 (.000-.23)	.443 (.200-1.29)	1.51 (0.62-3.29)	1.44 (0.85-1.96)	48 (42-60)	278 (220-320)		0.7 (Nil-.020)	
12	After filtration and chlorination	7.8 (7.3-8.4)	334 (58-500)	.001 (.000-.008)	.085 (.012-.160)	1.61 (0.00-3.45)	0.79 (0.47-1.47)	36 (8-55)	205 (20-320)		Perm. Hardness 98 (20-128)	
3	WELLS: Longbridge ...	6.6 (6.5-6.7)	314 (270-346)	.000 (.000-.000)	.019 (.008-.036)	4.01 (3.46-4.94)	0.14 (0.08-0.23)	18 (17-19)	197 (184-215)	91 (86-96)	Temp Hardness 81 (68-91)	116 (100-124)
4	Short Heath ...	7.3 (7.2-7.4)	486 (452-510)	.000 (.000-.000)	.024 (.015-.042)	9.46 (5.90-12.85)	0.17 (0.08-0.23)	31 (29-33)	286 (272-308)	107 (88-130)	98 (80-120)	188 (180-192)

Fourty-nine samples for bacteriological examination and 19 for chemical analysis were obtained in 1957 and, in all but one of the samples, the reports indicated that the water from these bore holes, although hard, was in a state of high bacteriological purity. The exception was from a firm near the City Centre where the "after storage" sample showed pollution of the water. Upon investigation, it was found that a pigeon had fallen into the storage tank on the roof, was decomposing and thus polluting the water. The tank was emptied, cleansed and sterilised, refilled and a "repeat" sample showed the water to be satisfactory.

DOMESTIC

There has been a reduction of four in the number of dwellinghouses in the City which have to rely on water from wells or springs for their drinking supply.

The number of dwellings so supplied at the end of the years 1953 to 1957 were as follows :—

Year				Number of dwellings	Source of Supply	
					Wells	Springs
1953	...	...	...	25	18	1
1954	...	...	...	16	11	1
1955	...	...	...	14	9	1
1956	...	...	...	14	9	1
1957	...	...	...	10	7	Nil

There are two temporary dwellings included in the total for 1957 drawing water from a well.

One other temporary dwelling, which formerly relied on a spring for water supply, now draws water from the mains.

Two cottages have recently been supplied with a stand tap from the mains and it is anticipated a piped water supply will be installed within the cottages during 1958.

Piped Water Supplies within Dwellinghouses

With the progress of the City's house building programme there is, of necessity, a proportionate increase in the number of dwellings having an internal water supply. The reduction in the number of old houses which have never enjoyed this amenity is small as the majority of houses still without an internal water supply are occupied by tenants who do not want a tap and sink within the house. In the majority of cases these houses are supplied with piped water within a separate washhouse within the curtilage of the house. There is, therefore, little likelihood of any considerable inroad being made into the substantial total of houses lacking an internal water supply.

At the end of 1957 the total number of houses lacking an internal water supply was 947. The temporary dwellings which were included in last year's total will not in future be included in the figures as they are, in fact, caravans and caravans are not counted as houses for this

purpose. The total is, therefore, reduced by 30 compared with last year's figures and is made up from the following classification :—

1. Houses having a suitable life for which notices have not yet been served	3
2. Houses included in declared Clearance Areas	24
3. Houses whose life did not justify expense	20
4. Houses supplied by wells—usually distant from nearest main supply	8
5. Houses in which space limitation, or other reasons, made provision impracticable	1
6. Houses whose occupants did not desire an internal supply ...	699
7. Houses whose lack of drainage made provision impracticable	2
	<hr/>
	757

These figures do not include houses situated in the Redevelopment Areas which are accounted for thus :—

1. Houses whose tenants have refused the provision of a supply	188
2. Houses awaiting installation	2
	<hr/>
	190

Houses previously lacking supply, demolished in 1957, or subject to action under Housing Act, 1957	20
Caravans not now included in total	2

During 1957, water supplies were installed:

1. By owners	3
2. By tenants	2
3. In vested properties	3
	<hr/>
	8

It will be readily seen that of the total number of houses lacking supplies—947—no less than 887 are accounted for by tenant's refusals.

Sampling of Swimming Bath Water

The practice was continued of sampling once a month without prior warning the water of every swimming bath in use. Estimation of free and total chlorine was made immediately and samples in which the chlorine had been neutralised with sodium thiosulphate were submitted for bacteriological examination within two hours of their being taken.

Free chlorine is the principal sterilising agent and the concentrations found were as follows :—

<i>Chlorine parts per million.</i>	<i>No. of samples.</i>
2 or slightly more	142
1.5—1.9 p.p.m.	27
1.0—1.4 „	54
0.5—0.9 „	39
Nil—0.4 „	22
	<hr/>
TOTAL SAMPLES	284

An arbitrary standard of not more than eleven organisms per 100 m.l. and absence of coliform organisms is taken as a yardstick. Throughout the year only sixteen samples failed to reach this very high standard and among these the greatest number of organisms per 1 m.l., was only fifty. In only one sample were coliform organisms found and even in this there were only 8 B. Coli Type I per 100 m.l. These were present in spite of a concentration of 2 parts per million of free chlorine.

The free chlorine concentration in these sixteen substandard samples was :—

2 or more p.p.m.	...	...	...	...	...	...	4 samples
1.0—1.4 p.p.m.	...	...	...	...	...	...	1 sample
0.5—0.9 p.p.m.	...	...	...	...	...	...	5 samples
Nil—0.5 p.p.m.	...	...	...	...	...	...	6 samples

From the bacteriological point of view the conditions of the swimming bath water, as indicated by examination of 284 samples taken throughout the year, was therefore extremely good.

Mr. J. Moth, General Manager of the Baths Department, states that there were record attendances at the various swimming baths during 1957 and, under the circumstances, the results of these bacteriological examinations are particularly gratifying.

SUPERVISION OF INDUSTRIAL PREMISES

Sanitary Accommodation in Factories

The operative provisions for factories are contained in the Factories Act, 1937. When these are not observed the factory occupier or other person responsible becomes liable to a fine on summary conviction. For certain purposes, however, a distinction is drawn between factories where mechanical power is used and factories where mechanical power is not used.

The Chief Public Health Inspector and his staff are responsible for dealing with sanitary matters in accordance with the provisions of Part I of the Act, and the following statistics reveal the number of premises registered and the extent of this work carried out by the inspectors in 1957 :—

<i>Factories</i>			<i>Number on Register</i>	<i>Inspections</i>	<i>Informal Notices</i>
With power	...	...	5,373	5,177	313
Without power	...	...	297	288	8
Other premises	...		272	483	13
TOTALS			5,942	5,948	334

It will be seen from the above figures that the number of visits made by public health inspectors to industrial premises totalled 5,948 for the year, representing an increase of 525 visits over the previous year. Similarly, the number of informal notices served increased by 53, but factory managements continued to co-operate with the Department in attending to the requirements of such notices. Consequently, it was not necessary to resort to statutory procedure in spite of the large number of notices served.

Public health inspectors, when making the above visits, continued the policy of dealing with other statutory duties in connection with factory canteens, outworkers, etc., at the same time. In this manner the most economical use of available manpower is exercised.

FACTORIES ACTS, 1937 and 1948

1.—INSPECTIONS FOR PURPOSES OF PROVISIONS AS TO HEALTH (including inspections made by public health inspectors).

<i>Premises</i> (1)	<i>Number on Register</i> (2)	<i>Number of</i>		
		<i>Inspections</i> (3)	<i>Written notices</i> (4)	<i>Occupiers prosecuted</i> (5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	297	288	8	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	5,373	5,177	313	—
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises)	272	483	13	—
TOTAL	5,942	5,948	334	—

2.—CASES IN WHICH DEFECTS WERE FOUND

Particulars	Number of Cases in which Defects were found				Number of cases in which prosecutions were instituted (6)
	Found (2)	Remedied (3)	To H.M. Inspector (4)	By H.M. Inspector (5)	
(1)					
Want of cleanliness (S.1)	1	2	—	6	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	1	—
Inadequate ventilation (S.4)	2	—	—	1	—
Ineffective drainage of floors (S.6)	1	—	—	—	—
Sanitary conveniences (S.7)					
(a) Insufficient	24	14	—	6	—
(b) Unsuitable or defective	742	1010	—	175	—
(c) Not separate for sexes	2	1	—	1	—
Other offences against the Act (not including offences relating to outwork)	—	—	12	6	—
TOTAL	772	1027	12	196	—

Outworkers

The homes of persons who carry out light tasks in connection with the making, ornamenting or finishing of certain classes of goods are referred to as outworkers' premises. Section 110 of the Factories Act, 1937, requires the employers of such persons to supply the local authority with lists of their names and addresses during the months of February and August in each year.

The following particulars relate to the August return for 1957, which was submitted to the Ministry of Labour and National Service :—

LIST OF OUTWORKERS, 1957

<i>Nature of Work</i>	<i>Number of Outworkers in August</i>						
Wearing apparel	293
Linen and household linen	26
Electro-plating	59
Brass and brass articles	227
Paper bags	32
Box making	116
Making of brushes	9
Buttons, hair pins, etc.	301
TOTAL	1,063

Reference to the 1956 Report will show that a sharp reduction of 310 outworkers occurred in that year, amounting to an approximate decrease of 35 per cent. over the corresponding figure of 890 outworkers employed in August, 1955. The 1957 return, however, shows a great increase of no less than 483 outworkers or approximately 83·3 per cent. when compared with the figure of 580 for 1956. It also represents an increase of 173 outworkers or approximately 19·4 per cent. on comparison with the figure of 890 outworkers for 1955.

This rapid rise is due mainly to the increased number of outworkers in the trades dealing with wearing apparel, brass and brass articles, box making and the carding or packeting of buttons, hair pins, etc., where, in some instances, the figures have more than doubled.

It follows naturally, that the number of visits made by public health inspectors to outworkers' premises has also increased during the year. The total number of visits paid to such premises is 1,905, which represents an increase of 139 visits or approximately 7·3 per cent. when compared with the figure of 1,766 for 1956.

Town and Country Planning Acts, 1947 and 1954

The continued liaison between this Department and the City Engineer and Surveyor has resulted in the maximum use being made of these Acts to ensure that good planning incorporates the legislated requirements of Public Health and the recommendations in codes of practice.

Plans and applications which have a bearing on the work of the Department, such as those for food premises, offensive trades and factories, are forwarded to the Chief Public Health Inspector and, after preliminary examination, are referred to specialist officers in the Department where necessary. During the year 1,261 planning applications (a decrease of 100 from 1956), together with appropriate plans, were referred to the Department and were scrutinised by the following officers :—

						<i>Number of applications referred</i>
Public Health Inspectors	...	...	...	...	...	1,120
Smoke Inspectors...	...	...	...	...	...	431
Housing Inspectors	...	...	...	...	...	123
Milk Inspectors	...	...	...	...	...	4
Shops Inspectors	...	...	...	...	...	95

These officers' opinions were collated and suitable replies prepared by the Chief Public Health Inspector. In 591 cases (approximately 47 per cent.) it was found necessary to make comment which was, as far as possible, offered in constructive form.

ATMOSPHERIC POLLUTION BY SMOKE, FUMES, EFFLUVIA AND DUST

The importance of reducing atmospheric pollution cannot be over emphasized and from the beginning of the year certain sections of the Clean Air Act, 1956 came into force giving local authorities new powers and duties for the prevention of air pollution. The main provisions that were brought into operation deal with the installation of new furnaces, the height of new chimneys, and smoke control areas.

Clean Air Act, 1956

Section 3 (1) of the Act requires all new furnaces installed in buildings or in boilers and industrial plant, to be capable, so far as practicable, of operating continuously without emitting smoke when burning fuel of a type for which they are designed. This does not apply to furnaces designed solely or mainly for domestic use with a heating capacity of less than

55,000 British Thermal Units per hour, or to moveable furnaces, such as furnaces used in connection with road making equipment and locomotive furnaces. This thermal rating is a useful guide and will apply not only to industrial furnaces but also to the large type of furnace used for central heating and hot water supply in hotels and blocks of flats even though the heating services provided are for domestic purposes.

Under Section 3 (3) it is now obligatory for the person proposing to install a new furnace to give notice of his intention to the local authority. It is not necessary to submit plans or specifications when giving notice because this form of prior approval is optional under Section 3 (2). The purpose of notification is solely to enable the local authority to know when and where new furnaces are being installed.

From the information noted during the scrutiny of building plans and Town and Country Planning applications, whereby the installation of new furnaces was indicated, the requirements of Section 3 of the Act were drawn to the attention of the owners or architects concerned, thus ensuring that the responsible persons would be fully aware of the provisions.

During the year the notification of the intention to instal 45 new furnaces was received and the following table indicates the fuel usage :

<i>Fuels in use :</i>	<i>Coal</i>	<i>Solid Smokeless Fuel</i>	<i>Oil Fuel</i>	<i>Gas</i>	<i>Electricity</i>
<i>No. of Furnaces :</i> 2 (45)		11	30	1	1

thus showing the trend of oil fuel usage as compared with other fuels. In the case of the bituminous coal fired furnaces they were both equipped with mechanical stoking arrangements.

Four applications have been received for the prior approval of new furnaces and, from the plans and specification details submitted, the furnaces were considered to comply with the requirements of Section 3 (1), and were therefore approved.

Height of Chimneys—Section 10

Where plans deposited in accordance with building byelaws show that it is proposed to construct a chimney for carrying smoke, grit, dust and gases from the building, the local authority have a duty under Section 10 to satisfy themselves that the height of the chimney will be sufficient to prevent, as far as practicable, the smoke, grit and dust or gases from becoming prejudicial to health, or a nuisance. The buildings covered by this Section include all buildings, except those used or to be used wholly as residences, shops and offices, works controlled under the Alkali Act, and generating stations as defined in the Electric (Supply) Act, 1919.

The enforcement of this Section of the Clean Air Act, 1956 was delegated to the Public Works Committee and, through the existing

liaison between this Department and the City Engineer and Surveyor's Department, the appropriate plans are forwarded for comment in regard to the height of the proposed chimneys. Consideration is also given to :

- (a) the purpose of the chimney,
- (b) the position and description of adjacent dwellings,
- (c) the levels of the neighbouring ground.

This procedure entails the making of enquiries from the architects or owners concerned, visits to the site, and the subsequent collation of the information by the Chief Smoke Inspector. The comments, adverse or otherwise, are then submitted for the consideration of the Public Works Committee. During the year 27 plans have been referred to the Department for such comment and in three cases it was considered desirable for the height of the chimneys to be increased.

Smoke Control Areas

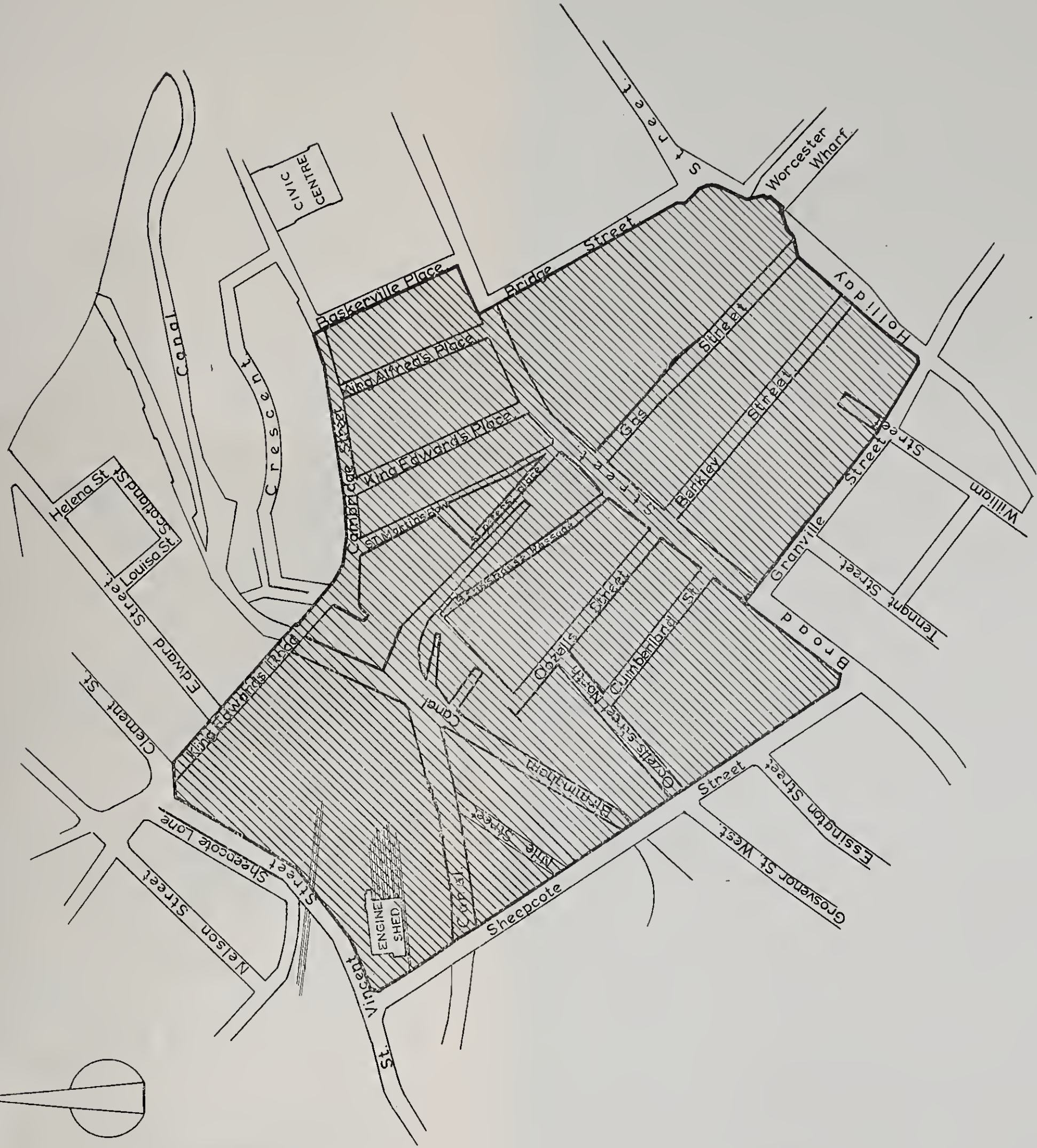
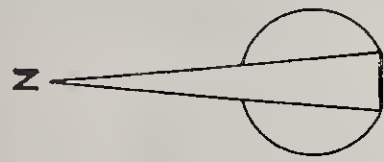
The Clean Air Act, 1956, contains provisions for the creation of Smoke Control Areas by means of Orders made by the City Council ; such Orders must be confirmed by the Minister of Housing and Local Government. Subject to any exemptions provided by the Order, the emission of smoke from a chimney of any building within the Smoke Control Area is an offence. The provisions of the Act are such that the Orders can be adapted to meet local conditions, and also any special circumstances appertaining to the fuel burning appliances in the buildings within the area. Furthermore, reasonable expenditure that may be incurred by the owners or occupiers of private dwellings, other than new dwellings, in the adaptation of the heating and cooking appliances so that they may comply with the Order, attracts a financial grant towards the costs involved.

On the 11th January, 1957, the Health Committee approved in principle a proposal to establish two areas in the City as Smoke Control Areas and a survey was undertaken. The outline maps show the areas concerned.

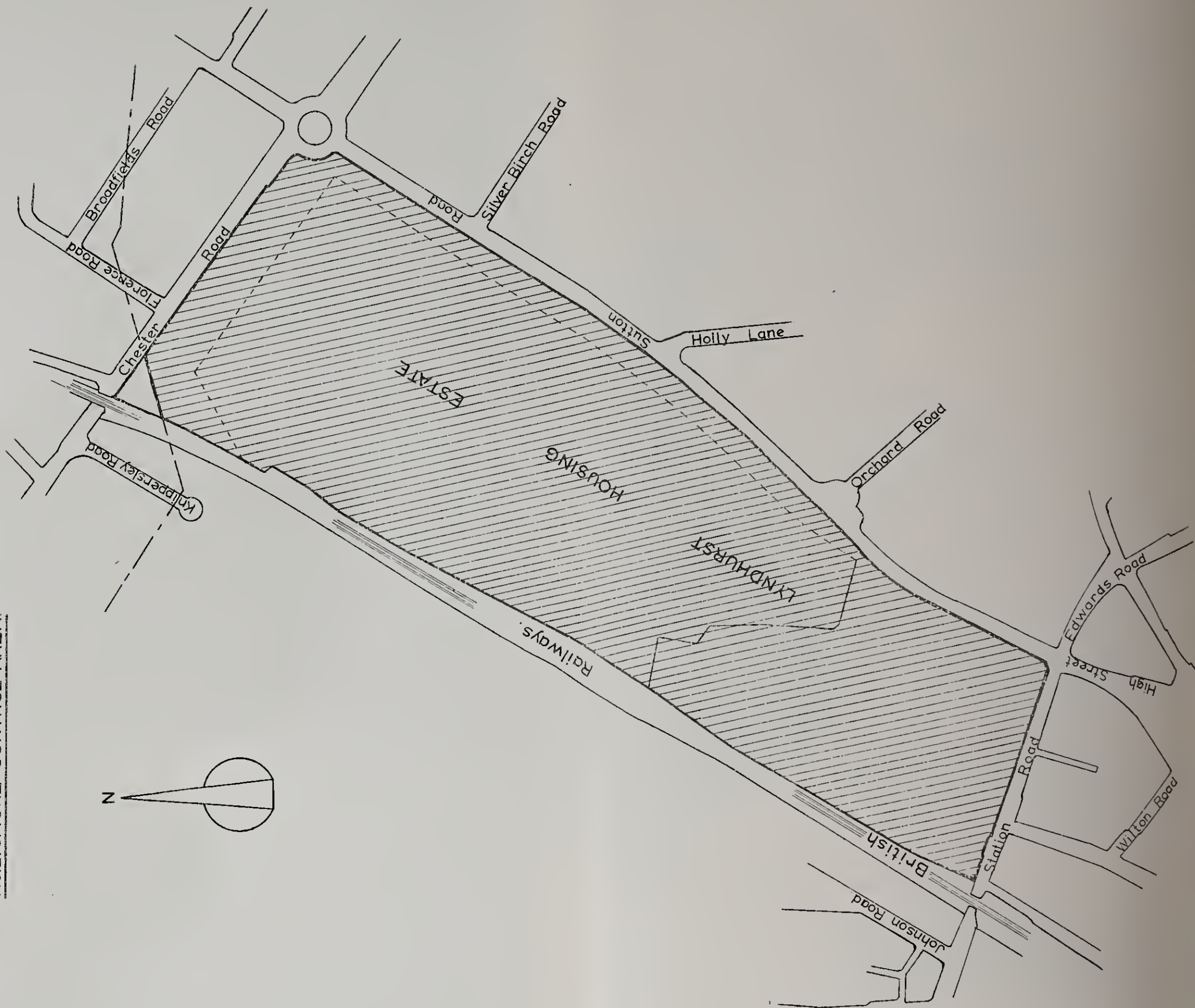
SMOKE CONTROL AREA NO. 1

This Area is bounded by Baskerville Place, Broad Street, Bridge Street, Holliday Street, Granville Street, Broad Street, Sheepcote Street, St. Vincent Street, King Edward's Road, Cambridge Street (to Baskerville Place), thus forming an extension to the western boundary of the existing Central Smokeless Area.

CITY OF BIRMINGHAM
No.1.SMOKE CONTROL AREA.



CITY OF BIRMINGHAM.
No.2.SMOKE CONTROL AREA.



The survey revealed that there were 63 industrial premises, 96 commercial premises, 117 dwellings and 21 other premises and it was estimated that the yearly average consumption of bituminous coal in the area was 1,953½ tons. The following table indicates the anticipated requirements of smokeless fuels :—

		<i>Domestic</i>	<i>Industrial</i>
1.	Present annual tonnage of bituminous coal	383½ tons	1,569½ tons
2.	Annual tonnage not to be replaced (<i>e.g.</i> , because of exemptions under Smoke Control Order)	—	705 tons
3.	Balance requiring to be replaced ...	383½ tons	864½ tons
4.	Additional fuels required to replace 3 above		
	Electricity	—	—
	Gas	830.5 therms	2,553.5 therms
	Oil, etc.	—	333½ tons
	Solid smokeless fuel for open fires ...	267 tons	—
	Solid smokeless fuel for stoves and boilers	21 tons	266½ tons

SMOKE CONTROL AREA NO. 2

This is bounded by Station Road, the London Midland Region Railway Line to the City boundary, Chester Road, Sutton Road, High Street to Station Road, Erdington.

Approximately 37 acres of this area are to be developed by the City Council and will be known as the Lyndhurst Estate, and when completed will consist of eleven storey flats, four storey maisonettes and two storey dwellings, also building sites for other ancillary purposes.

The survey revealed that existing within the area there would remain 3 small industrial premises, 9 commercial premises, 40 dwellings and 6 other premises and it was estimated that the average annual consumption

of bituminous coal was 123 tons. The following table indicates the anticipated requirements of smokeless fuels :—

		<i>Domestic</i>	<i>Industrial</i>
1.	Present annual tonnage of bituminous coal	123 tons	—
2.	Annual tonnage not to be replaced (<i>e.g.</i> , because of exemptions under Smoke Control Order)	—	—
3.	Balance requiring to be replaced ...	123 tons	—
4.	Additional fuels required annually to replace 3 above		
	Electricity	—	—
	Gas	18.7 therms	—
	Oil, etc.	—	—
	Solid smokeless fuel for open fires	92½ tons	—
	Solid smokeless fuel for stoves and boilers	—	—

Atmospheric Pollution by Industrial Smoke

Other than for carbonisation purposes, the major amount of bituminous coal consumed within the City boundaries is used for steam raising purposes in industrial premises, for the generation of electricity, or process operations.

The steam boilers range in size from large installations of modern water tube boilers to the smallest types of vertical boilers. It is generally found that the chimneys serving the large installations do not contravene the provisions of the City of Birmingham byelaw which prescribes that the emission of black smoke for a period of three minutes in the aggregate within any continuous period of thirty minutes from any one chimney in a building other than a private dwellinghouse, shall, until the contrary is proved, be presumed to be a nuisance ; whereas the chimneys serving the smaller types of steam raising installation, especially if hand fired with bituminous coal, are the ones most liable to contravene the byelaws.

Constant observations by the smoke inspectors are maintained in all districts, and the officers are capable of discussing with the managements concerned the measures that could and should be employed to reduce any excessive emissions noted. Advisory work of this nature is essential, and can be recommended, but the requirements of legislation have also

to be considered and any contraventions are reported to the appropriate committee for their consideration toward the authorisation of Abatement Notices.

Observations throughout the year on industrial chimneys were as follows :—

<i>No. of chimneys observed</i>	<i>Total minutes of smoke emitted</i>	<i>Average smoke emitted per 30 minute observation</i>
5,133	2,237	0.436

During the above observations the number of chimneys noted emitting excessive smoke was as follows :—

<i>Number of chimneys emitting excessive smoke</i>	<i>Total minutes of excessive smoke</i>	<i>Average excessive smoke emissions per 30 minute observation</i>
74	898½	12.14 minutes

The premises were visited and the responsible persons interviewed. The furnace conditions were noted, and advice tendered. Of these chimneys 72 per cent. were serving hand fired coal furnaces, 19 per cent. were serving coal fired mechanically stoked furnaces and 9 per cent. served oil or producer gas furnaces, thus indicating that the stoking of the hand fired coal burning furnaces leaves much to be desired from a smoke abatement point of view.

These emissions from individual chimneys were reported to the Health Committee or the appropriate Health (Proceedings) Sub Committee, and authorisation to serve Notices, to lay information and take all necessary proceedings was given under the appropriate legislation.

After the service of Abatement Notices, further observations on the chimneys resulted as follows :—

<i>Number of chimneys observed</i>	<i>No. of observations</i>	<i>Total smoke noted</i>	<i>Average smoke per observation</i>
74	427	220 minutes	0.513 minutes

thus showing that considerable improvement was effected by the service of the Abatement Notices. The average time period of the smoke emissions being reduced from 12.14 minutes to 0.513 minutes per observation.

During these observations six of the chimneys were noted emitting excessive smoke and legal proceedings followed. In three cases penalties were imposed for non-compliance with Abatement Notices, and Nuisance Orders were granted, whilst in the remaining three cases, penalties were imposed for the disobedience of Magistrates' Orders already granted.

Arising out of this procedure, 40 firms have notified the Department of the measures taken, or to be taken, to reduce the excessive emissions as follows :—

<i>Stricter supervision</i>	<i>Change in fuel effected</i>	<i>New equipment ordered</i>	<i>Consultant engineers brought in</i>
24	8	9	3

From the information received it was noted that the change in fuel usage was the conversion from the hand firing of coal to the use of oil fuel, and in small installations the replacement of coal by solid smokeless fuel.

The new equipment included mechanical stokers, oil fuel firing, smoke density meters and smoke eliminating devices, the approximate cost of the remedial work proposed being estimated to be £3,450.

Summary of Statutory Action—Public Health Act, 1936

No. of Abatement Notices served	...	...	...	79
No. of prosecutions ...	...	...	...	6
No. of Nuisance Orders granted	...	...	...	3
Total amount of fines imposed	...	...	...	£31

Atmospheric Pollution from Railway Smoke

Observations have been maintained throughout the year on coal burning locomotives operating at the principal stations, engine sheds, depots and goods sidings and, whilst a smoke haze from a number of steam engines awaiting departure at the main stations is often in evidence, no excessive smoke emission from any individual engine has been noted, and it would appear that the use of the blower, i.e., the steam jet to assist the draught for combustion when the engine is stationary, is being used much more frequently than in the past. The introduction of briquetted bituminous fuel has also been noted on some of the long distance steam trains, whilst the progress of diesel traction has become quite noticeable as the implementation of the modernisation plan of the British Transport Commission continues.

Fumes and Effluvia

Most trade processes have their own particular odour which is associated with the treatment of the material being processed or manufactured. During the year fourteen complaints have been received from residents of houses adjacent to industrial premises carrying out work such as varnish manufacture, paint spraying, plating and polishing and the reclaiming of scrap non-ferrous metals.

It is occasionally necessary to spend some considerable time on investigations of this character, but once the source of the complaint has

been established the owners or managers of the works are interviewed and remedial measures discussed. In some cases the provision of water washing of the gases has proved effective and in others the employment of extraction fans and ducting to direct the gases into an outlet stack of sufficient height to effect greater dispersal in the outer air has been sufficient to mitigate the complaints. Each case has to be considered on its merits and in only three instances where co-operation has not been evident has it been necessary for the Health Committee to authorise the service of Abatement Notices under the Public Health Act, 1936.

Dust Emissions

During the year investigations have been carried out in response to complaints of dust deposits from the operations entailed in metal grinding, paint spraying, brick crushing and the tipping of furnace skimmings. These deposits caused inconvenience and annoyance to the residents of the houses adjacent to the works concerned. In cases of this description dust detector slides are exposed to obtain conclusive evidence. Samples of the dust are also obtained and if necessary analysed in order to ascertain the nature and the possible source of the dust. When this evidence is collated the occupier of the premises from where the dust is emanating is interviewed and shown the evidence that has been obtained. In most cases a discussion of this nature leads to the adoption of the best remedial measures to be employed to abate the dust deposits and so, by means of efficient dust collection at the point where the dust is created, it is generally found that the nuisances can be mitigated. It is pleasing to note that in only two instances was it deemed necessary for the Health Committee to authorise the service of Abatement Notices under the Public Health Act, 1936.

Pollution Recording Apparatus

The monthly recording from the eight stations in operation has been maintained throughout the year. Each station consists of a deposit gauge and a lead peroxide instrument.

The plotted graphs show the fluctuations of the readings during the years 1956 and 1957.

Graph No. 1 indicates the monthly deposits of total solid matter expressed in tons per square mile.

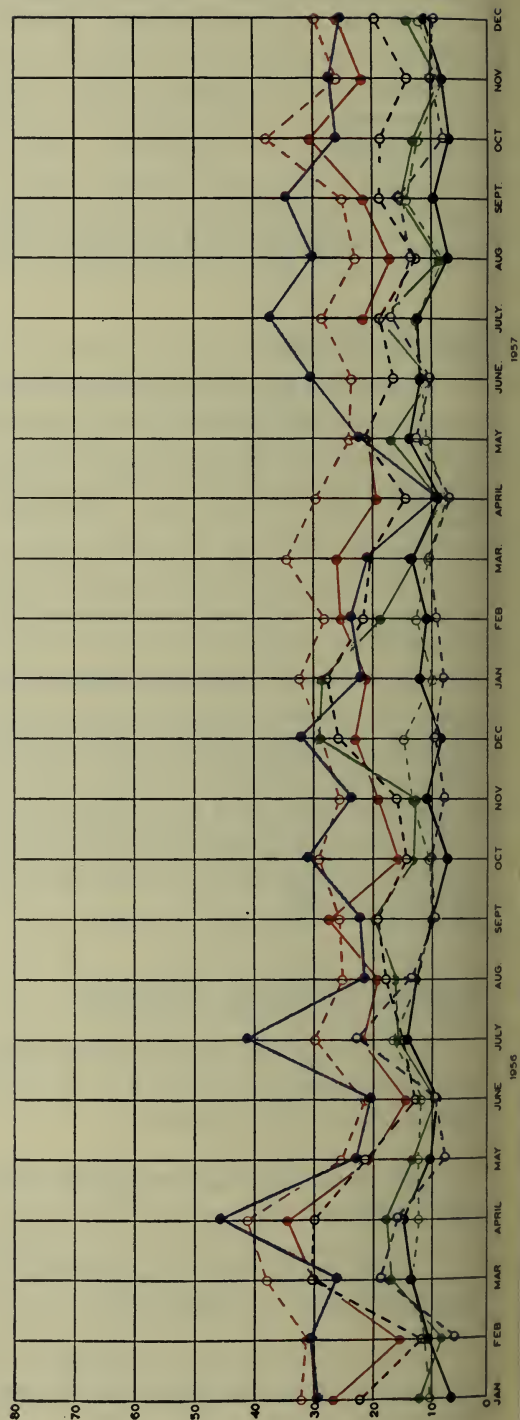
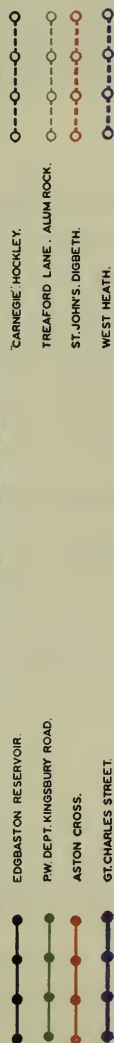
Graph No. 2 shows the estimation of sulphur by the lead peroxide method expressed in milligrams of SO_3 per 100 square centimetres—daily average.

GRAPH No.1.

ATMOSPHERIC POLLUTION.

DEPOSIT GAUGE.

MONTHLY RECORD OF SOLID MATTER IN TONS PER SQUARE MILE.



SULPHUR DETERMINATION

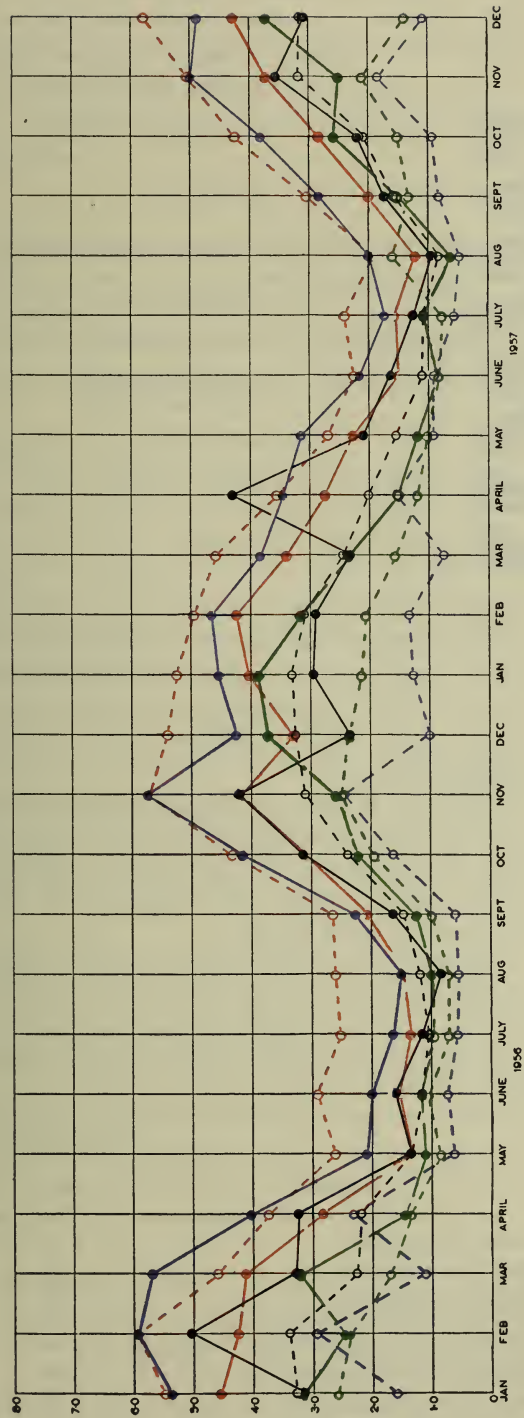
LEAD PEROXIDE METHOD.









MILLIGRAMS OF SO₃ PER 100 SQUARE CENTIMETRES

DAILY AVERAGE.

- EDGBASTON RESERVOIR.
- P.W.DEPT. KINGSBURY ROAD.
- ASTON CROSS.
- ST. CHARLES STREET.

- "CARNEGIE". HOCKLEY.
- TREAFORD LANE. ALUM ROCK.
- ST. JOHN'S. DIGBETH.
- WEST HEATH.



ATMOSPHERIC POLLUTION.					
YEARLY TOTAL OF SOLID MATTER IN TONS PER SQUARE MILE.			1955.	1956.	1957.
	COMMERCIAL.	GT.CHARLES STREET	420.17	347.55	312.01
	RESIDENTIAL.	WEST HEATH	155.15	131.76	132.93
	RESIDENTIAL.	EDGBASTON RESERVOIR.	170.36	129.17	126.93
	INDUSTRIAL & RESIDENTIAL.	"CARNEGIE" - HOCKLEY.	321.45	235.83	225.88
	INDUSTRIAL & RESIDENTIAL.	P.W. DEPARTMENT KINGSBURY ROAD.	186.14	190.41	183.87
	RESIDENTIAL	TREAFOED LANE ALUM ROCK.	160.64	152.85	140.38
	INDUSTRIAL.	ASTON CROSS.	291.88	268.17	252.01
	INDUSTRIAL.	"ST.JOHN'S" - DIGBETH.	363.83	352.65	342.48

The pictorial chart indicates the type of area where the deposit gauges are sited and also an estimation of the annual total of the solid matter recorded by the gauges during the years 1956 and 1957. It should, however, be noted that, because of interference in June, the figure of 252.01 tons per square mile as recorded at the Aston Cross site is for eleven months only.

A reduction in the annual total deposition has taken place at six of the recording stations varying from 35.54 tons per square mile, as recorded at Great Charles Street, to 2.24 tons per square mile at the Edgbaston Reservoir. On the other hand a slight rise of 1.18 tons per square mile was recorded at West Heath.

An examination of the calculated daily average recordings of sulphur trioxide by the lead peroxide method over the years 1956 and 1957 show that all but one of the eight gauges recorded a decrease, the exception being the gauge at Kingsbury Road, Erdington, as shown in the following table :—

					Daily Average Mgms SO ₃ per 100 sq. cms.			
Station					1956	1957	SO ₃ down	SO ₃ up
Great Charles Street	...	...	...	...	3.78	3.54	0.24	—
West Heath Hospital	...	...	...	...	1.40	1.07	0.33	—
Edgbaston Reservoir	...	...	...	...	2.59	2.42	0.17	—
Carnegie Welfare Centre, Hockley	...	...	...	...	2.18	2.12	0.06	—
P.W. Dept., Kingsbury Road, Erdington	...	...	...	...	2.10	2.15	—	0.05
Welfare Centre, Treafoed Lane	...	...	...	...	1.68	1.53	0.15	—
Aston Cross Restaurant	...	...	...	...	2.97	2.97	—	—
St. John's Restaurant, Digbeth	...	...	...	...	4.17	3.97	0.20	—

The assessment of the recordings as depicted in the chart and tables indicate in the main a slight reduction of the atmospheric pollution throughout the City, but it should be borne in mind that variations in pollution at individual sites occur to a considerable degree, therefore, it is essential for results of at least five years to be studied before any definite conclusions can be drawn.

Noise Abatement

Thirty-three complaints have been investigated by the technical officers of the Department concerning noise from the working of machinery within industrial premises. Amongst the problems investigated was noise from overhead shafting, electric motors, wood lathes, oil fuel installations, steam relief escape valves, cyclones, fan ducting and the expansion of steel tubes.

Each case needs careful investigation and the possibility of the reduction of the noise at its source receives the first consideration ; if this is not possible then other remedial measures are sought. This advisory work combined with a tactful approach to the managements concerned generally results in full co-operation and, by the overhauling of the offending machinery, the introduction of sound baffling, or the resiting of machinery to another part of the premises away from the houses, it is pleasing to note that the complainants were satisfied.

Advisory Work—Town Planning Applications

Reference has already been made in this section of the Report to the manner in which information derived from the study of applications and plans under the Town and Country Planning Acts 1947 and 1954 referred to the Department has been used to draw the attention of the owners or architects concerned to the requirements of the legislation dealing with the installation of new furnaces (see Clean Air Act, 1956). Comments have also been forwarded to the City Engineer and Surveyor on the classification of the proposed development under the Town and Country (Use Classes) Order 1950, and the siting of machinery to prevent, as far as practicable, complaints arising from noise and dust emissions.

During the year four hundred and thirty one planning applications have been commented upon and eighty-nine industrial premises have been visited at the request of the City Engineer and Surveyor to ascertain that the conditions of approval as granted by the Public Works Committee in regard to previous applications have been complied with.

Industrial and Commercial Survey—Redevelopment Areas

The classification under the Town and Country Planning (Use Classes) Order 1950 of nine industrial premises within the Redevelopment Areas has been completed to provide information in connection with the Industrial and Commercial Survey of premises for the allocation of alternative sites for industrial use.

HEATING APPLIANCES

The Testing of Guards on Oil, Gas and Electric Heating Appliances

The Heating Appliances (Fireguards) Act, 1952, prohibited the sale or letting on hire of unguarded electric fires, gas fires or oil heaters. This legislation was followed by the Heating Appliances (Fireguards) Regulations 1953, which applied to heating appliances of the type suitable for use in a dwelling house or other residential premises and the schedule to the Regulations prescribed the tests to be applied in ascertaining whether the guards, when fitted, complied with the Regulations.

The tests are designed to ensure, as far as practicable, that the guards are of robust construction, securely fixed, and that when the appliances are in use the possibility of ignition of clothing or other fabric by reason of direct contact with the heating element or flame, is considerably reduced.

The following table summarises the inspectorial work involved during the year :—

<i>No. of premises visited</i>	<i>No. of appliances examined</i>	<i>No. of appliances found unsatisfactory</i>
411	2,070	26

Of the twenty-six unsatisfactory appliances, ten were found to be without guards, and the remainder (sixteen) had guards fitted which did not satisfy the tests carried out in accordance with the schedule of the Regulations.

These appliances are summarised as follows :—

Second hand Appliances

Electric fires	No guards	...	...	...	...	...	3
Gas fires	No guards	...	...	...	...	...	5
Electric fires	Defective guards	...	...	...	...	...	13
Gas fires	Defective guards	...	...	...	...	...	2
Oil heaters	Defective guards	1
							—
TOTAL							24

New Appliances

Gas fires	No guards fitted	2
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It is gratifying to note that all the above appliances were withdrawn from sale for the requisite guards to be fitted and no legal action was necessary.

INDEX

A

Accident ambulances, 203
 Adoption—prior medical examination, 229
 Aged and chronic sick, 165
 Airport—health control, 69
 Air raid shelters—demolition, 287
 Ambulance service, 202
 Analytical Laboratory, 71
 Animal feeding meat, 248
 Antenatal care—responsibility for, 105
 Antenatal care—statistics, 105
 Antenatal clinics, 103, 112
 Appointment clinics, 126
 Area comparability factors, 38
 Area of City, 32
 Atmospheric pollution, 39, 318, 322
 Atmospheric pollution, recording apparatus, 325
 Attendances—maternity and child welfare clinics, 112
 Attested herds scheme, 253
 Audiology clinic, 124, 129

B

Bacon factories, 246
 Bacteriological Laboratory, 80
 Bakehouses, 237, 243
 Bathing attendants, 158
 Beechcroft mother and baby home, 135
 B.C.G. vaccination, 90
 Bed Bureau, 212
 Birmingham, general, 29
 Births—incidence and rates, 32, 38, 44, 94, 96
 Blindness, 214
 Blood tests, expectant mothers, 103
 Bronchitis, 38

C

Canal boats, 291
 Cancer, 40, 173
 Canteens—factory, 237
 Canteens—mobile, 237
 Caravans, 288
 Care of deprived children, 222
 Care of mothers and young children, 94
 Care of the aged and chronic sick, 165
 Care of the unmarried mother, 134
 Causes of death, 33, 46
 Central redevelopment, 270, 286
 Cerebral palsy, 219
 Cesspools, 305
 Child minders, 145
 Children Act, 1948, 222
 Children's clinics, 126
 Children's Home Nursing Service, 157
 Child Welfare Centres, 94, 123
 Child Welfare Clinics—statistics, 112, 125
 Chiropody clinic, 125
 Clean air Act, 1956, 318
 Clean air campaign, 171
 Clean food campaign, 176
 Climatology—Birmingham, 29
 Common lodging houses, 287
 Comparability factors, 38
 Compulsory removal, 213
 Confectionery bakeries, 243
 Consultation clinic, 125
 Contacts—tuberculosis, 84, 91
 Contributors to report, 7
 Convalescent care, 170
 Cowsheds, 252
 Cream, 240, 243
 Cremation certificates, 234
 Crude rates, 44

D

Daily guardian scheme, 144
Dairies, 251
Day Nurseries, 142
Deaf-blind, 218
Deaf children—audiology clinic,
124, 129
Deaths, 33, 40, 44, 46, 83
Death rate, 4 weeks—1 year, 98
Dental clinics for the tuberculous, 86
Dental service, 129
Deposit gauges, 325
Deprived children—medical care of,
222
Diphtheria, 48
Diphtheria immunisation, 48
Disinfection after tuberculosis, 299
Disinfestation and disinfection, 299
Disrepair certificates, 277
District nursing service, 157
Domestic air raid shelters, demolition,
287
Domestic help service, 163
Domiciliary care of the premature
infant, 116
Domiciliary occupational therapy, 86
Domiciliary laundry service, 169
Domiciliary library service, 86
Domiciliary midwifery, 102, 113
Domiciliary nursing service for
children, 157
Drainage and sewerage, 301
Dust, 318, 325
Dustbins—provision of, 303
Dysentery, 54

E

Eating houses, 236
Egg, frozen and liquid, 244
Elmdon airport—health control, 69
Emergency maternity service, 104, 209
Encephalitis, 55
Enforcement section, 282
Environmental health services, 256
Epidemiology—general, 48

Epilepsy, 221

Expectant mothers—blood tests, 103
Expectant mothers—mass radiography,
104, 113
Expectant mothers—relaxation
classes, 104

F

Factories Act, 1937, 314
Factories—sanitary accommodation,
314
Factory canteens, 237
Fairgrounds, 290
Fireguards, loan of, 168
Fireguards, inspection of, 330
First aid—staff, 233
Fish, poultry, fruit and vegetable
supplies, 247
Fog, 31
Food and drugs, 235
Food Hygiene Regulations 1955, 247
Food poisoning, 56
Food preparation premises, 235
Food shops—retail, 247
Food—unfit, 249
Foot defect clinic, 124
Frosts, 30
Frozen confections, 241
Fumes, 318, 324

G

General epidemiology, 48
General practitioners—children's
clinics, 126

H

Hawkers—registration of, 247
Health advice bureau, 181
Health Committee, Functions of Sub-
Committees, 5
Health Committee members, 4
Health education, 133, 172
Health education, coloured people, 175
Health education, smoking and cancer,
173
Health education, dental decay, 133
Health talks, 125
Health visiting, 146
Health visitors' training course, 154

Health visitors—tuberculosis, 84
 Heating Appliances (Fireguards) Act, 1952, 330
 Home help service, 163, 197
 Home help service—mobile reserve, 163
 Home nursing service, 95, 157
 Home population, 32
 Homeless families, 142
 Hospital car service, 212
 Hospital follow-up—health visitors, 147
 Houses let in lodgings, 276
 House to house inspection, 276
 Housing Act, 1957, 262
 Housing, 256
 Housing—points scheme, 177
 Housing of the tuberculous, 85, 177
 Housing Repairs and Rents Act, 262
 Hygienists—dental, 132

I

Ice cream, 241
 Iced lollipops, 242
 Illegitimacy, 32
 Immunisation—diphtheria, 48
 Immunisation—whooping cough, 48
 Improvement grants, 279
 Incidence of blindness, 214
 Industrial and commercial survey, 329
 Industrial premises—smoke, 322
 Industrial premises—supervision of, 314
 Infant mortality, 33, 37, 44, 94
 Infectious diseases, 48, 70
 Infectious diseases—follow-up visits, 276
 Influenza, 39, 58
 Influenza vaccination, 60
 Internal water supplies within dwelling houses, 311
 International certificates, 69

L

Laboratory services, 71
 Laundry service, 169
 Legitimacy in relation to mortality among infants, 90
 Leukæmia, 40

Library service, 86
 Licensed premises, 238
 Loan of nursing equipment, 166
 Lodging houses—common, 287
 Lollipops, iced, 242

M

Malaria, 61
 Mass radiography—expectant mothers, 104, 113
 Mass radiography—nursing staff, 158
 Maternal mortality, 33, 101
 Maternity and child welfare, 96
 Maternity and child welfare centres, 94, 123
 Maternity service—emergency, 104, 206
 Maternity services, 100
 Measles, 61
 Meat and other foods—inspection of, 245
 Medical care of deprived children, 222
 Medical examinations—staff, 283
 Medical Officer for Staff Welfare, 233
 Meningococcal infection, 61
 Mental Health, 182
 Meteorological observatory, 29
 Middens, 305
 Midland Spastic Association, 220
 Midwifery—domiciliary, 102
 Midwives, domiciliary, 102, 113
 Milk and dairies, 238
 Milk supply, 251
 Milk—tuberculous, 251, 252
 Mobile canteens, 237
 Mortality among infants, 33, 94, 96
 Mortality rates, 34, 83, 97

N

National Assistance Acts, 213
 National Health Service Act :—
 Section 22—Care of mothers and young children, 94
 Section 23—Midwifery, 102
 Section 24—Health Visiting, 146
 Section 25—Home Nursing, 157

Section 26—Immunisation and vaccination, 48, 67
 Section 27—Ambulance service, 202
 Section 28—Prevention of illness, care and after care, 165
 Section 29—Domestic help, 163
 Section 51—Mental health, 182
 Neonatal death rate, 94, 97
 New houses, 261
 Night watchers' service, 163
 Noise abatement, 329
 Nuisances—abatement of, 280
 Nuisances—urgent, 285
 Nurseries and Child Minders' Regulation Act, 1948, 145
 Nurseries—day, 142
 Nurseries—priority classes, 144
 Nurseries—private, 145
 Nurseries—training, 143
 Nursery students, 143
 Nurses' agencies, 232
 Nurses—student—training in public health, 156, 158
 Nursing attendants, 158
 Nursing equipment—loan of, 166
 Nursing homes, 232
 Nursing staff—mass radiography, 158

O

Observatory—Edgbaston, 29
 Obstructed drains, 285
 Occupational therapy, 86, 94
 Offensive trades, 289
 Ophthalmia neonatorum, 105, 218
 Oral hygienists, 132
 Outworkers, 317
 Overcrowding, 272

P

Paratyphoid fever, 62
 Parent guidance clinic, 200
 Pemphigus, 105
 Perinatal death rate, 97, 107
 Personal health services, 94
 Pig keeping, 289
 Pleasure fairs, 290
 Pneumonia, 38, 62

Points scheme, 177
 Poliomyelitis, 63
 Pollution recording apparatus, 325
 Population, 32
 Population, by wards, 45
 Postnatal clinics, 104, 112
 Premature infants—domiciliary care of, 116
 Prematurity, 116, 120
 Prevention of Damage by Pests Act, 1949, 292
 Prevention of illness, care and after-care, 165
 Priority groups, day nurseries, 144
 Priority rehousing, 177
 Privy pans and middens, 305
 Problem families, 142, 163, 190
 Provision of internal water supplies within dwellinghouses, 311
 Psychiatric social service, 184, 193
 Public Health Inspection, 274
 Public Health Laboratory Service, 80
 Public houses, 238
 Puerperal pyrexia and puerperal sepsis, 104

R

Rag Flock and Other Filling Materials Act, 1951, 296
 Railway engines—smoke, 324
 Rainfall details, 31
 Recuperative convalescent care, 170, 329
 Redevelopment areas, 270, 286
 Refuse collection and disposal, 302, 304
 Rehousing applications, 177
 Relaxation classes—expectant mothers, 104, 112
 Remedial exercise classes, 124
 Rent Restrictions Acts, 279
 Residential nursery for child contacts of tuberculosis, 92
 Responsibility for antenatal care, 105
 Responsibility of Sub-Committee of Health Committee, 5
 Rodent control, 292

S

Salvage and refuse collection, 303, 304
 Sampling of Corporation water, 306
 Sampling of swimming bath water, 312
 Sanitary inspection, 274

Scabies, 66
 Scarlet fever, 67
 School children—B.C.G. vaccination, 90
 Sewerage, 301
 Sewing classes, 125
 Shellfish, 244
 Shops, supervision of, 297
 Skilts—nursery for child contacts of tuberculosis, 92
 Slaughterhouses, 246
 Slum clearance, 179, 262
 Smallpox, 67
 Smoke abatement, 318
 Smoke Control Areas, 320
 Smoke—industrial premises, 322
 Snow, 31
 Spastics, 219
 Staff, 9
 Statistics—maternity and child welfare, 96
 Statistics, tuberculosis, 87
 Statistics—vital, 32, 38
 Stillbirths, 33, 44, 94, 97
 Student nurses' training, 156, 158
 Suicides, 33
 Sunshine details, 30
 Supervision of industrial premises, 314
 Swimming bath water—sampling of 312
 Synthetic cream, 243

T

Temperature details, 30
 Tents, vans and sheds, 288
 Thunder, 31
 Tips, 290
 Town and Country Planning Acts, 318, 329
 Training of health visitors, 154
 Training nurseries, 143
 Tuberculosis, 82
 Tuberculosis and the milk supply, 251
 Tuberculosis—B.C.G. vaccination, 90
 Tuberculosis—contacts, 84
 Tuberculosis—domiciliary occupational therapy, 86

Tuberculosis—visitors, 84
 Tuberculosis—residential nursery for child contacts, 92
 Tuberculosis—statistics, 87
 Tuberculous—dental clinic, 86
 Tuberculous—domiciliary library service, 86
 Tuberculous—housing of, 85, 177
 Tuberculous—rehabilitation of, 85
 Typhoid, 68

U

Unmarried mothers—care of, 134
 Urgent nuisances, 285

V

Vaccination, 67
 Vaccination, B.C.G., 90
 Vaccination certificates, 69
 Vaccination, Influenza, 60
 Vaccination, Poliomyelitis, 65
 Venereal diseases, 68, 81
 Verminous premises, articles and persons, 299
 Veterinary and food inspection, 245
 Visitors to Department, 28, 164, 176
 Vital statistics, 32
 Voluntary workers, 125

W

Ward, birth, death, etc., rates, 34, 45
 Ward populations, 45
 Water—sampling of, 306
 Water—sampling of swimming bath water, 312
 Water supplies—provision of internal, 311
 Water supply, 305
 Weather details, 29
 Welfare Centres, 94, 123
 Welfare Centres, voluntary workers, 125
 Welfare of the aged, 165, 213
 Wells, 309
 Whooping cough, 69
 Whooping cough immunisation, 48
 Winds, 31

